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1                   UNITED STATES DISTRICT COURT  
2                   NORTHERN DISTRICT OF OHIO  
3                   EASTERN DIVISION

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7       IN RE: NATIONAL PRESCRIPTION      MDL No. 2804  
8       OPIATE LITIGATION

9  
10                  Case No.  
11                  17-md-2804

12                  Judge Dan Aaron  
13                  Polster

14       This document relates to:

15       The County of Summit, Ohio, et al. v. Purdue  
16       Pharma L.P., et al.

17       Case No. 18-OP-45090 (N.D. Ohio)

18                  ~~~~~

19       Videotaped Deposition of  
20                  TONYA BLOCK

21                  November 14, 2018  
22                  9:00 a.m.

23                  Taken at:

24                  Brennan Manna & Diamond  
25                  75 East Market Street  
                     Akron, Ohio

Stephen J. DeBacco, RPR

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<p>1 APPEARANCES, Continued: 2 3 On behalf of AmerisourceBergen: 4 Reed Smith LLP, by STEVEN J BORANIAN, ESQ 101 Second Street, Suite 1800 5 San Francisco, California 94105 (415) 659-5980 6 sboranian@reedsmit.com 7 On behalf of Cephalon, Inc ; Teva 8 Pharmaceuticals USA, Inc ; Actavis, LLC; Actavis Pharma, Inc f/k/a Watson Pharma, 9 Inc ; and Watson Laboratories, Inc , via teleconference: 10 Morgan, Lewis &amp; Bockius LLP, by PAMELA HOLLY, ESQ 101 Park Avenue 12 New York, New York 10178-0060 (212) 309-6864 13 pamela.holly@morganlewis.com 14 On behalf of Prescription Supply, Inc , 15 via teleconference: 16 Pelini, Campbell &amp; Williams, LLC, by PAUL B RICARD, ESQ 17 Bretton Commons - Suite 400 8040 Cleveland Avenue Northwest 18 North Canton, Ohio 44720 (330) 305-6400, ext 129 19 pbricard@pelini-law.com 20 ~~~~~ 21 22 23 24 25</p>	<p>Page 3</p> <p>1 TRANSCRIPT INDEX 2 3 APPEARANCES..... 2 4 5 INDEX OF EXHIBITS ..... 6 6 7 EXAMINATION OF TONYA BLOCK 8 By Mr. Naeem..... 12 9 By Mr. Boranian..... 211 10 By Ms. Franklin..... 262 11 By Ms. Kearse..... 283 12 By Mr. Naeem..... 295 13 14 REPORTER'S CERTIFICATE..... 311 15 16 EXHIBIT CUSTODY 17 EXHIBITS RETAINED BY THE COURT REPORTER 18 19 20 21 22 23 24 25</p>

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<p style="text-align: right;">Page 11</p> <p>1 THE VIDEOGRAPHER: We're on the 2 record. Today's date is November 14, 2018. 3 The time is 9:00 a.m. 4 We are here to take the videotaped 5 deposition of Tonya Block in the National 6 Prescription Opiate Litigation, Case No. 7 17-md-2804, to be heard in the United States 8 District Court, Northern District of Ohio, 9 Eastern Division, by Judge Aaron Polster. 10 Counsel, please state your name for 11 the record. 12 MS. KEARSE: Anne Kearse, Motley 13 Rice, on behalf of County of Summit and City of 14 Akron. 15 MS. DEYNEKA: Natalie Deyneka with 16 Motley Rice. 17 MR. BORANIAN: Steven Boranian for 18 Defendant AmerisourceBergen. 19 MS. FRANKLIN: Shirlethia Franklin 20 with Jones Day on behalf of Walmart, Inc. 21 MR. ADAMS: Zach Adams with Tucker 22 Ellis on behalf of Janssen Pharmaceutical and 23 J&amp;J. 24 MR. NAEEM: Tariq Naeem, also from 25 Tucker Ellis, on behalf of Janssen and Johnson</p>	<p style="text-align: right;">Page 13</p> <p>1 A. Tonya Block. The address is 10233 2 Bell Meadow Drive. That's Twinsburg, Ohio 3 44087. 4 Q. Ms. Block, I briefly introduced 5 myself on the record, but my name is Tariq 6 Naeem. I'm here to take your deposition in a 7 lawsuit filed by a number of parties, including 8 Summit Public Health, against a number of 9 defendants. 10 Before we get started, I just want 11 to ask you to -- kind of an instruction I give 12 before every deposition, but because we are 13 having everything you say transcribed by the 14 court reporter, I'd ask that we try not to talk 15 over one another. So let me finish my 16 questions, I'll try to let you finish your 17 answers, and that way he's able to transcribe 18 everything clearly. It's difficult for him to 19 take down when two people are talking. 20 And then the other similar 21 instruction would be that I'd ask that you make 22 all of your responses verbal and unambiguous, 23 so no nods or shrugs, no "uh-huhs" or "uh-uhs," 24 because they don't come out on the record. 25 Okay?</p>

<p>1     A. Yes.</p> <p>2     Q. Thank you.</p> <p>3        Ms. Block, have you had your</p> <p>4 deposition taken before?</p> <p>5     A. Yes. Well, once in a traffic</p> <p>6 accident. Based on a traffic accident.</p> <p>7     Q. All right. Have you read the</p> <p>8 complaint in this case?</p> <p>9     A. I've seen it. I've not read it.</p> <p>10    Q. Seen it --</p> <p>11    A. In that it was sitting on the</p> <p>12 health commissioner's desk.</p> <p>13    Q. Okay. But -- but to be clear, you</p> <p>14 didn't pick up a copy --</p> <p>15    A. I have not read it.</p> <p>16    Q. -- of the complaint and read it.</p> <p>17    A. Correct.</p> <p>18    Q. All right. I'd like to start off</p> <p>19 by talking about what you did to prepare for</p> <p>20 this deposition, okay?</p> <p>21    A. Yes.</p> <p>22    Q. Could you tell me, did you -- did</p> <p>23 you have meetings with anybody to discuss --</p> <p>24 and I'm not going to ask you what you</p> <p>25 discussed, but did you have meetings to discuss</p>	<p>Page 14</p> <p>1 when that might have occurred?</p> <p>2     A. I do not.</p> <p>3     Q. Was it prior to 2018?</p> <p>4     A. I don't believe so. I believe it</p> <p>5 was in 2018.</p> <p>6     Q. All right. So you believe it was</p> <p>7 after the lawsuit had been filed?</p> <p>8     A. I don't know exactly when the</p> <p>9 lawsuit was actually filed, so I don't know the</p> <p>10 answer to that.</p> <p>11    Q. Okay. Is it accurate for me to</p> <p>12 state that that meeting wasn't -- your</p> <p>13 deposition hadn't been scheduled at that point</p> <p>14 in time?</p> <p>15    A. Oh, correct.</p> <p>16    Q. All right. So that was one of the</p> <p>17 three meetings that that you --</p> <p>18    A. I recall.</p> <p>19    Q. -- recall?</p> <p>20        Now, the other two meetings you</p> <p>21 said you had with the lawyers, did that involve</p> <p>22 actually preparing for your deposition?</p> <p>23    A. Yes.</p> <p>24    Q. At either of those meetings, was</p> <p>25 there anybody at the meeting, other than the</p>
<p>1     your deposition today?</p> <p>2     A. Yes.</p> <p>3     Q. All right. Who did you meet with?</p> <p>4     A. I met with Anne and Natalie.</p> <p>5     Q. Okay. And how many times did you</p> <p>6 meet with any of the lawyers from Motley Rice</p> <p>7 to prepare for your deposition?</p> <p>8     A. I have been in, I believe, three</p> <p>9 meetings.</p> <p>10    Q. And during any of those meetings,</p> <p>11 was there other people other than lawyers with</p> <p>12 you at the meeting?</p> <p>13    A. Well, one of the meetings was a</p> <p>14 larger group meeting that I was present at.</p> <p>15    Q. Was -- was this a meeting in 2017</p> <p>16 to discuss whether Summit Public Health would</p> <p>17 join the lawsuit against the Defendants?</p> <p>18    A. I was not in a meeting like that.</p> <p>19    Q. Okay. What was that first meeting,</p> <p>20 then, that you recall, just generally?</p> <p>21    A. It was a group meeting, and lots of</p> <p>22 different organizations from Summit County were</p> <p>23 present. I think it was -- it may have been in</p> <p>24 this room.</p> <p>25    Q. And do you recall month and year</p>	<p>Page 15</p> <p>1 attorneys from Motley Rice?</p> <p>2     A. No.</p> <p>3     Q. So, for example -- I'm just going</p> <p>4 to ask it a different way -- none of your</p> <p>5 colleagues at Summit County Health were at any</p> <p>6 of those meetings?</p> <p>7     A. That's correct.</p> <p>8     Q. No employees from any other Summit</p> <p>9 County government entity?</p> <p>10    A. That's correct.</p> <p>11    Q. Did you review documents at either</p> <p>12 one of those two meetings to prepare you for</p> <p>13 the deposition?</p> <p>14    A. No.</p> <p>15    Q. Have you reviewed any documents</p> <p>16 outside of that meeting to prepare yourself for</p> <p>17 this deposition?</p> <p>18    A. I was instructed to pull any --</p> <p>19        MS. KEARSE: I'm going to object to</p> <p>20 any -- to any of our conversations where --</p> <p>21 it's privileged on that, too, but --</p> <p>22        MR. NAEEM: Right.</p> <p>23        MS. KEARSE: -- so we can -- listen</p> <p>24 to the question and answer that question, if</p> <p>25 you reviewed anything.</p>

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<p style="text-align: right;">Page 18</p> <p>1 Q. Right. And so let me repeat the 2 question, and -- and Anne's point is very well 3 taken. I don't want you to answer any question 4 where you start off with, "I was told by the 5 attorneys," even if in your head you're 6 thinking that.</p> <p>7 All I want to know is no matter who 8 told you or why, did you review any documents 9 to prepare yourself for this deposition?</p> <p>10 A. I pulled documents from my L drive 11 on my computer that I was required to submit. 12 As part of that, I was pulling them up to see 13 what they were. And that was the extent to 14 which, you know, I remember things that -- just 15 based on the documents that I was required to 16 pull.</p> <p>17 Q. All right. And so --</p> <p>18 MS. KEARSE: That's part of our -- 19 our obligations to produce documents to you.</p> <p>20 MR. NAEEM: And I -- and I thought 21 I understand that, so I'm going to --</p> <p>22 Q. But I'm going to ask you a few more 23 questions about that.</p> <p>24 So after the lawsuit was filed, and 25 tell me if I'm correct, you were asked to</p>	<p style="text-align: right;">Page 20</p> <p>1 Skoda talked about at her deposition for Summit 2 Public Health?</p> <p>3 A. No.</p> <p>4 Q. Somebody different. Okay. 5 What is Ms. Genet's role?</p> <p>6 A. She is a program coordinator. She 7 actually oversees the syringe exchange program.</p> <p>8 Q. And how long has she been employed 9 by Summit Public Health?</p> <p>10 A. I would say five years.</p> <p>11 Q. Okay. So you asked Ms. Genet to 12 provide you some information regarding the 13 syringe program.</p> <p>14 And -- and I don't know if I heard 15 you say this. Was it -- you said numbers, but 16 was it budget numbers or was it units?</p> <p>17 A. Units.</p> <p>18 Q. And is Ms. Genet, is she in the 19 community health division?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. And is that the appropriate 22 title for me to use --</p> <p>23 A. Yes.</p> <p>24 Q. -- division --</p> <p>25 A. Yes.</p>
<p style="text-align: right;">Page 19</p> <p>1 collect documents that would be produced as 2 part of this litigation; is that accurate?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And what you were just 5 describing to me about pulling documents from 6 your L drive was part of that process?</p> <p>7 A. Correct.</p> <p>8 Q. And I'm going to come back to that 9 in a minute.</p> <p>10 A. Okay.</p> <p>11 Q. But let me ask, other than that, 12 did you review documents actually to refresh 13 your memory about things that you thought you 14 might have to testify about at this deposition?</p> <p>15 A. I asked one of my staff to send me 16 numbers on a -- our syringe exchange program.</p> <p>17 Q. Okay. And who is that staff 18 member?</p> <p>19 A. Angela Genet.</p> <p>20 Q. Can you spell her last name for me, 21 please?</p> <p>22 A. G-e-n-e-t.</p> <p>23 Q. Is this the same Angela who was 24 formerly known as Angela Burgess, who was 25 the -- who was kind of the budget person Donna</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. -- or is it a department?</p> <p>2 A. It's a division.</p> <p>3 Q. Okay. Thanks. I'll try to keep 4 that clear as we go along today. Correct -- 5 you know, feel free to correct me if I miss 6 that, though.</p> <p>7 So we are talking about documents, 8 just -- not part of the collecting documents to 9 be produced in the lawsuit. We're going to 10 come back to that in a minute. But just any 11 documents that you may have reviewed to prepare 12 yourself for today's deposition.</p> <p>13 You talked about these numbers that 14 Ms. Genet gave you. Anything else that you 15 pulled specifically to prepare to give 16 testimony today?</p> <p>17 A. No. And I just -- I was curious at 18 that point, because I hadn't looked at the 19 numbers. I was curious to know how many -- 20 what the difference was. So that was it.</p> <p>21 I can't say that I -- well, I can't 22 say that I asked her for that in preparation, 23 but I was curious to know when I talked about 24 the syringe exchange program, I -- it occurred 25 to me that I had no idea the difference between</p>

<p style="text-align: right;">Page 22</p> <p>1 when we started the program and 2018, what 2 those numbers looked like. 3 Q. And I'm sorry. Did you say 2018 4 when you started the program? 5 A. No, no. When we started the 6 program, I believe, in 2016. 7 Q. Okay. And that's what I thought. 8 I just wanted to make sure you and I were on 9 the same page. 10 So what was your impression of the 11 numbers in terms of how those have changed 12 since 2016? 13 A. I was -- I was very surprised at 14 the -- the difference between the number that 15 we distributed in 2016 versus what had been 16 distributed to date for 2018. 17 Q. Okay. So were there numbers that 18 you recall for each year from 2016, 2017, and 19 2018? 20 A. I don't recall the 2017 numbers. I 21 think in 2016, it was 266; and in 2018, it was 22 81,000 to date. 23 Q. Okay. So 266 -- 24 A. Two hundred -- 25 Q. .00?</p>	<p style="text-align: right;">Page 24</p> <p>1 Are there more employees -- strike 2 that again. 3 Are there more people involved in 4 dispensing syringes in 2018 than there were in 5 2016? 6 A. Yes. 7 Q. And do you know how many employees 8 in 2018 that are involved in that? 9 A. Maybe five. 10 Q. And how many were there in 2016? 11 A. Two. 12 Q. Do you know anything about the 13 budget numbers for the syringe exchange program 14 in 2018? 15 A. I do not. 16 Q. Do you know the sources of the 17 funds that are used for the syringe exchange 18 program? 19 A. I couldn't give you a breakdown. I 20 believe it's -- I believe it's primarily 21 general revenue. In terms of the staff that 22 staff it, they may work on a number of 23 different grants. I couldn't tell you which 24 ones. But in terms of purchasing supplies, 25 transportation to the locations, things of that</p>
<p style="text-align: right;">Page 23</p> <p>1 A. Correct. 2 Q. Okay. Versus 81,000? 3 A. Yes. 4 Q. All right. Do you know what month 5 in 2016 that syringe exchange program started? 6 A. No, uh-uh. 7 Q. Okay. How many physical locations 8 was that syringe exchange program offered at in 9 2016, if you recall? 10 A. In 2016, it was one. 11 Q. And in 2018, do you know how many 12 locations that is now? 13 A. I believe they're at three. 14 Q. With that one location 2016, do you 15 recall what generally -- what days it was open? 16 What hours it was open? 17 A. No, I didn't. I don't recall that. 18 Q. Do you know whether -- and I 19 understand we're talking about three sites now, 20 but in terms of individual availability to 21 sites, are there expanded hours and days in 22 2018 compared to 2016? 23 A. Yes. 24 Q. In 2016 compared to -- well, let me 25 ask it a different way.</p>	<p style="text-align: right;">Page 25</p> <p>1 nature, the whole kit that we give out, that -- 2 that should be general revenue. 3 Q. Okay. Now, you mentioned some of 4 the employees, they may be on grants. We'll 5 probably get into this on a program-specific 6 basis later on in the deposition, but is it 7 accurate for me to state that individual 8 employees of Summit Public Health may have 9 their salary and benefits paid for, or at least 10 allocated on the books, to different sources of 11 revenue within Summit Public Health? 12 MS. KEARSE: Object to form. 13 A. Yes. 14 Q. Okay. So, for example -- and let's 15 just you [sic] an exam- -- example, and I'm not 16 going to ask you specifically at this point for 17 the details, but if we were looking at the 18 accounting ledgers of Summit Public Health, 19 there would be different funds listed, perhaps, 20 from which the -- the money to pay your salary 21 and benefits comes from? 22 A. Not mine. 23 MS. KEARSE: I'm going to object. 24 I don't know if that was a question, but object 25 to the form.</p>

<p style="text-align: right;">Page 26</p> <p>1 A. Not me.      2 Q. Okay. So let's not use you as an      3 example.      4 A hypothetical employee who works      5 in the community health division --      6 A. Uh-huh.      7 Q. -- and works on substance abuse      8 programs --      9 A. Uh-huh.      10 Q. -- their salary and benefits would      11 be allocated to different -- could be allocated      12 to different funds, which represent different      13 sources of revenue for Summit Public Health?      14 A. Yes.      15 Q. Some of those could be general      16 revenue?      17 A. Yes.      18 Q. Okay. Could you tell the jury,      19 what is general revenue?      20 A. Those are funds that are brought in      21 primarily based on our -- the millage that we      22 receive from the various municipal subdivisions      23 within the county, so that's based on property      24 taxes.      25 Q. And does Summit Public Health have</p>	<p style="text-align: right;">Page 28</p> <p>1 Q. Do you know if fee-for-service      2 revenue, is it included within general revenue?      3 A. I think it depends on the program.      4 Maybe -- and I can't think of a program off the      5 top of my head right now.      6 Typically, if we're perform- -- if      7 it's a fee for service -- let's use early      8 childhood development, home visitation -- we      9 have a contract in place with the State of Ohio      10 to do fee-for-service home visitation, so we      11 get paid for every unit that we provide, but      12 that money goes into the home visitation      13 program; it doesn't go into the standard      14 general revenue.      15 Q. Okay. Let's use a specific example      16 from the community health division. One of      17 the -- one of the functions that I believe      18 Donna Skoda testified to within that division      19 is counseling services.      20 A. Uh-huh.      21 Q. And I believe she also testified      22 that services that are provided -- counseling      23 services that are provided can be billed to,      24 for example, Medicaid.      25 A. Yes.</p>
<p style="text-align: right;">Page 27</p> <p>1 its own -- and pardon me for, perhaps, not      2 being as sophisticated in this as you, as an      3 administrator would be -- does it have its own      4 millage within the property taxes that comes      5 directly to Summit Public Health?      6 A. Yes. Well, it goes through -- I      7 believe it goes through the County, but it is      8 allocated specifically for Public Health.      9 Q. Okay. So for -- Summit County      10 can't say, "Well, we're facing a budget      11 shortfall this year. We're not going to give      12 you as much as you're entitled to"? It can't      13 withhold that?      14 A. I don't know the answer to that,      15 but they -- we have to go before them with our      16 budget to be approved every year. To the      17 budget commission.      18 Q. Okay. And is that approval      19 process -- does that include discussion of how      20 Summit Public Health proposes to spend its      21 general revenue?      22 A. Yes.      23 Q. Does it include how Summit Public      24 Health plans to spend its grant revenue?      25 A. No.</p>	<p style="text-align: right;">Page 29</p> <p>1 MS. KEARSE: I'm going to object to      2 the form.      3 Q. Is it -- is it accurate that some      4 services provided -- counseling services      5 provided by the community health division are      6 billed to Medicaid?      7 A. Yes.      8 Q. Would that be considered by you as      9 a fee-for-service revenue?      10 A. Yes.      11 Q. Now, let's -- using that as an      12 example, can that -- does that revenue go into      13 the general revenue fund?      14 A. It goes into the counseling budget.      15 They're required to project, at the beginning      16 of the year -- well, at the end of the prior      17 year -- what they anticipate bringing in from      18 various funding sources, and their budget is      19 set up based on that.      20 So it's all fee for service within      21 the counseling department, but those dollars      22 don't then go toward -- they have to -- they're      23 considered, I guess, general revenue when they      24 come in, but they're specifically allocated for      25 counseling services.</p>

<p style="text-align: right;">Page 30</p> <p>1 Q. Okay. And you've partially 2 anticipated what one of my next questions was 3 going to be. That money -- and we're just 4 talking about the counseling services -- 5 A. Uh-huh. 6 Q. -- in the division of health -- I'm 7 sorry, the community health division -- does 8 not get put into the general revenue so it 9 would be available, for example, to the 10 environmental health division? 11 A. That's correct. 12 Q. Other than Medicaid, what are some 13 of the other sources of fee-for-service income 14 for counseling services? 15 A. The ADM Board provides services -- 16 rather, they provide funding for our services 17 and counseling for indigent populations. 18 Q. Okay. Are those considered grants, 19 or is it kind of a draw-down for services that 20 are provided? 21 A. Well, we write a proposal for it 22 every year -- I believe every year -- write a 23 proposal, and they approve the proposal. Then 24 there's a contract that's established, and we 25 bill against the contract.</p>	<p style="text-align: right;">Page 32</p> <p>1 "Revenue," there are a number of line items. 2 MS. KEARSE: I'm going to object to 3 the form first and ask that you lay a 4 foundation, if she's reviewed the document 5 before. 6 Q. Do you see the line items? 7 A. Yes. 8 Q. Okay. Now, in your role with 9 Summit Public Health, is budgeting part of your 10 job function? 11 A. Yes. 12 Q. Certainly, you've been at Summit 13 Public Health prior to 2017, correct? 14 A. Yes. 15 Q. And when you look at those sources 16 of revenue, are you generally familiar with 17 what those mean? 18 A. Yes. 19 Q. Okay. Now, simple question, at 20 least for -- for now is we were talking about 21 ADM revenue -- 22 A. Uh-huh. 23 Q. -- and can you let me know which 24 one of those line items ADM would fall under? 25 A. I'd have to say grants.</p>
<p style="text-align: right;">Page 31</p> <p>1 Q. And so, then, if we were looking at 2 an accounting ledger for Summit Public Health, 3 do you know whether that ADM revenue would be 4 included within grants or some other category 5 of revenue? 6 A. I don't understand what you mean. 7 Q. Well, I can show you -- 8 - - - - 9 (Thereupon, Deposition Exhibit 1, 10 Document Titled "Summit County 11 Public Health 2017 Internal Budget," 12 SUMMIT_000340431 to 240441, was 13 marked for purposes of 14 identification.) 15 - - - - 16 Q. Ms. Block, I'm handing you what 17 I've marked as Deposition Exhibit 1. 18 MS. KEARSE: Thank you. 19 Q. And you should take as much time as 20 you need to review that, if you'd like, but if 21 you could turn to page 4. 22 A. Uh-huh. 23 Q. Do you see that? Okay. 24 A. Yes. 25 Q. And you'll see that under</p>	<p style="text-align: right;">Page 33</p> <p>1 Q. Okay. We may come back to that. I 2 just wanted to make sure you and I were on the 3 same page with some of the things we're going 4 to talk about today. 5 We -- we'd followed a string that 6 we started talking about based on the syringe 7 exchange program, if you'll recall. I wanted 8 to at least close that off for now. 9 If we were to talk about 10 specifically the sources of funds used for that 11 syringe exchange program, would you know what 12 the sources were based on the categories we 13 talked about: Fee for services, grants, or 14 general revenue? 15 A. When it was established in 2016, I 16 was, I'd say, very much a part of the 17 discussions around how we would get the program 18 up and running, and at that point primarily it 19 would have been general revenue. 20 In '17 and '18, I don't know 21 exactly the mix of funding sources used to 22 operate the program. 23 Q. Okay. And to be clear, you don't 24 know the amounts, or you don't even -- you 25 don't know the various sources that could be</p>

<p style="text-align: right;">Page 34</p> <p>1 involved in funding that program?</p> <p>2 A. I don't know the various sources</p> <p>3 involved in funding the program.</p> <p>4 Q. Other than internal revenue for</p> <p>5 that program, do you know whether Summit Public</p> <p>6 Health gets revenue from another Summit County</p> <p>7 entity? Do they partner with somebody else</p> <p>8 from Summit County in those services?</p> <p>9 A. I do not believe so, no. As a</p> <p>10 matter of fact, I know that we don't.</p> <p>11 Q. So all of the revenue comes from</p> <p>12 Summit Public Health for the syringe exchange</p> <p>13 program?</p> <p>14 A. As far as I know. As far as I am</p> <p>15 aware.</p> <p>16 Q. And all of the employees who</p> <p>17 provide those services are Summit Public Health</p> <p>18 employees?</p> <p>19 A. Yes.</p> <p>20 Q. Okay. So we- -- we've been talking</p> <p>21 about, believe it or not, what you reviewed to</p> <p>22 prepare for your deposition.</p> <p>23 A. Uh-huh.</p> <p>24 Q. I know that probably seems like a</p> <p>25 long time ago.</p>	<p style="text-align: right;">Page 36</p> <p>1 Q. Do --</p> <p>2 A. It was 2018.</p> <p>3 Q. Do you recall the month?</p> <p>4 A. Maybe late September. Maybe early</p> <p>5 October.</p> <p>6 Q. Do -- do you recall who other --</p> <p>7 who were the other employees that were on that</p> <p>8 e-mail who were also asked to provide their</p> <p>9 documents?</p> <p>10 A. Jackie Pollard, Myron Bennett. I</p> <p>11 think that's -- I think that's it.</p> <p>12 Q. Okay. So prior -- prior to that</p> <p>13 e-mail, to your knowledge, had anybody compiled</p> <p>14 your e-mails or come and asked you to -- to</p> <p>15 look through your documents to see whether</p> <p>16 there's anything that needed to be produced in</p> <p>17 this lawsuit?</p> <p>18 A. Not that I recall.</p> <p>19 Q. Okay. Once you got the e-mail from</p> <p>20 Mr. Mink, can you please just describe for me</p> <p>21 what process you went through to identify what</p> <p>22 needed to be produced?</p> <p>23 A. Well, he and I went back and forth</p> <p>24 a couple times because I didn't really</p> <p>25 understand what it -- what it was he was asking</p>
<p style="text-align: right;">Page 35</p> <p>1 What I want to talk about now is</p> <p>2 the actual -- that first process you described,</p> <p>3 which was going through your documents to</p> <p>4 identify things to turn over to the lawyers to</p> <p>5 produce in this litigation. Do you remember</p> <p>6 generally we talked just a little bit about</p> <p>7 that?</p> <p>8 A. Yes.</p> <p>9 Q. All right. Again, without telling</p> <p>10 me what the content of any communication was,</p> <p>11 can you let me know whether it was the</p> <p>12 attorneys who asked you to do it, or was it</p> <p>13 somebody within Summit Public Health that asked</p> <p>14 you to collect your documents?</p> <p>15 A. I -- Eddie Mink, our IT person, I</p> <p>16 believe sent an e-mail to myself and some other</p> <p>17 staff members that we needed to pull all of our</p> <p>18 documents, and that was, I believe, the first</p> <p>19 time I was notified that I needed to do that.</p> <p>20 Q. Did you already know, at that point</p> <p>21 in time, that the lawsuit had been filed?</p> <p>22 A. At that point, yes.</p> <p>23 Q. Do you recall what year it was that</p> <p>24 you got this e-mail from Mr. Mink?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 37</p> <p>1 us to do. And so I started by typing in the</p> <p>2 phrase "opiates," because he gave us some</p> <p>3 instruction on how to go about pulling it. And</p> <p>4 still I struggled with that.</p> <p>5 I ran a search on my system, and</p> <p>6 there wasn't a lot that came back. So I</p> <p>7 enlisted his help, and he set up a program</p> <p>8 to -- with lots of different phrases and terms.</p> <p>9 It's my understanding that's what he did, and</p> <p>10 sort of mined my system for all of the data</p> <p>11 that -- that was requested.</p> <p>12 Q. Did you do anything else yourself</p> <p>13 to identify documents that were responsive to</p> <p>14 the e-mail you got from Mr. Mink?</p> <p>15 A. I looked through all of the files</p> <p>16 that are in my office to see if there were any</p> <p>17 hard copies of things.</p> <p>18 Q. Did you find anything?</p> <p>19 A. No.</p> <p>20 Q. How long -- well, how far back did</p> <p>21 those hard-copy documents go that you had in</p> <p>22 your files?</p> <p>23 A. I guess it depends on the program.</p> <p>24 Probably nothing prior to -- prior to '15,</p> <p>25 because we had a flood and I lost every paper</p>

10 (Pages 34 - 37)

<p style="text-align: right;">Page 38</p> <p>1 copy I --</p> <p>2 Q. You had a flood in 2015? Is that</p> <p>3 what you said?</p> <p>4 A. Yes.</p> <p>5 Q. Okay. Now, those files that you --</p> <p>6 those hard-copy files that you review in your</p> <p>7 office, were those things that you saved for</p> <p>8 your own benefit, or were those things that</p> <p>9 were required to be saved because they were</p> <p>10 Summit Public Health official documents?</p> <p>11 A. Well, they are Summit Public Health</p> <p>12 official documents, but many of them I need to</p> <p>13 refer back to for various meetings that I</p> <p>14 attend.</p> <p>15 Q. Okay. And I'm struggling on how to</p> <p>16 ask this the right way. I apologize. I wasn't</p> <p>17 very clear.</p> <p>18 Were those the official copies of</p> <p>19 program documents in your office, or wherever</p> <p>20 you were looking through those hard-copy</p> <p>21 documents, as -- as compared to copies that you</p> <p>22 saved for your own quick reference?</p> <p>23 MS. KEARSE: Object to form.</p> <p>24 A. I would not have -- so, for</p> <p>25 example, like, if a proposal was written and --</p>	<p style="text-align: right;">Page 40</p> <p>1 A. Yes.</p> <p>2 Q. Okay. So, for example, you didn't</p> <p>3 have the file for the -- the official file for</p> <p>4 the counseling services in 2014 that just</p> <p>5 happened to be saved in your office.</p> <p>6 A. Correct. No.</p> <p>7 Q. All right. Now, to be clear, when</p> <p>8 we're talking about a flood in 2015 --</p> <p>9 A. I think it was in 2015.</p> <p>10 Q. Okay. What exactly was flooded?</p> <p>11 Your office? The whole storage facility?</p> <p>12 A. I'm sorry. I was trying to think</p> <p>13 of the year. No, no. The entire building was</p> <p>14 flooded.</p> <p>15 Q. And I'm going to do my best not to</p> <p>16 repeat questions that Ms. Skoda talked about</p> <p>17 regarding organization of Summit Public Health</p> <p>18 and background, those kinds of things. But she</p> <p>19 did talk about -- I don't recall the address --</p> <p>20 one location where Summit Public Health keeps</p> <p>21 their documents, hard-copy documents.</p> <p>22 A. Uh-huh.</p> <p>23 Q. Do you -- is this the building</p> <p>24 we're talking about that you said had the</p> <p>25 flood?</p>
<p style="text-align: right;">Page 39</p> <p>1 I would not keep the RFP along with the</p> <p>2 proposal and any program reports. The program</p> <p>3 person would do that. So I wouldn't have any</p> <p>4 original official copies of those types of</p> <p>5 things.</p> <p>6 It's more a matter of me sitting in</p> <p>7 meetings, and if someone is asking me can we</p> <p>8 hire four new staff, I may be taking notes, and</p> <p>9 then I have to take that back to Donna to see</p> <p>10 whether or not we can swing what they're</p> <p>11 asking. So I have a lot of notes related to</p> <p>12 various programs, just along with summaries.</p> <p>13 I don't keep contracts in my</p> <p>14 office. I don't keep RFPs or proposals for all</p> <p>15 the various programs.</p> <p>16 Q. Okay. So these were documents, if</p> <p>17 I understand what you're saying, that you saved</p> <p>18 for your own purposes --</p> <p>19 A. Yes.</p> <p>20 Q. -- for -- even though they were</p> <p>21 Summit County Public Health official</p> <p>22 documents --</p> <p>23 A. Yes.</p> <p>24 Q. -- you selected which ones you</p> <p>25 wanted to keep?</p>	<p style="text-align: right;">Page 41</p> <p>1 A. That -- it was at the time. That</p> <p>2 was our main site. Now it's the Fairway Center</p> <p>3 on West Market.</p> <p>4 Q. Okay. And -- and I -- I do want to</p> <p>5 talk about just the time of the flood, whenever</p> <p>6 that was.</p> <p>7 A. That would have been 1100 Graham</p> <p>8 Road Circle.</p> <p>9 Q. What did you do with the</p> <p>10 documents -- and was your office one of the</p> <p>11 areas affected by the flood?</p> <p>12 A. Yes.</p> <p>13 Q. Okay. What did you do with those</p> <p>14 hard-copy documents?</p> <p>15 A. I did not get them back. They -- I</p> <p>16 mean, there were tons of documents that were</p> <p>17 destroyed, so I started, essentially, from</p> <p>18 scratch. Absolutely from scratch. I had no</p> <p>19 documents to start with.</p> <p>20 Q. Okay. So the flood occurs in, you</p> <p>21 think, 2015 --</p> <p>22 A. I don't remember the year.</p> <p>23 Q. And we can find out for certain --</p> <p>24 A. Okay.</p> <p>25 Q. -- through your attorneys or</p>

<p style="text-align: right;">Page 42</p> <p>1 through one of the other witnesses.</p> <p>2 A. Okay.</p> <p>3 Q. But your recollection is it's 2015</p> <p>4 that this flood occurs, and you know, for</p> <p>5 example, that you had documents in your office</p> <p>6 that were damaged by the flood?</p> <p>7 A. Yes.</p> <p>8 Q. Somebody comes in to collect those</p> <p>9 documents?</p> <p>10 A. There was a disaster recovery</p> <p>11 company that came in. A lot of the staff, the</p> <p>12 day after the flood, came in, and they pulled</p> <p>13 things that they could pull. And I think they</p> <p>14 tried to -- any number of strategies to save</p> <p>15 the documents: hanging them dry, blowing them</p> <p>16 dry, ironing them.</p> <p>17 I don't know. I was potentially on</p> <p>18 vacation at the time, so -- but I did not</p> <p>19 recover any documents.</p> <p>20 Q. Okay.</p> <p>21 A. No one said, "Oh, these came from</p> <p>22 your office. This box we saved."</p> <p>23 Q. Okay. And that -- that's kind of</p> <p>24 what I'm working towards, so I appreciate that.</p> <p>25 To be clear, there were hard-copy</p>	<p style="text-align: right;">Page 44</p> <p>1 Q. Was it a lot of documents?</p> <p>2 A. Yes.</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 Q. Was it more than half of the</p> <p>5 documents?</p> <p>6 A. I don't know, because -- I just</p> <p>7 don't know the answer to that. We hadn't kept</p> <p>8 documents in a way that would -- I just -- it</p> <p>9 never occurred to me to estimate how many</p> <p>10 documents when I think about the community</p> <p>11 health staff combined -- yeah, I -- I don't</p> <p>12 know the answer to that.</p> <p>13 And then we had staff at other</p> <p>14 sites. We had primarily -- yeah. Like, so,</p> <p>15 for example, there was -- we had a clinic down</p> <p>16 at the Morley Center in Akron. Counseling</p> <p>17 department was there. There was a WIC clinic</p> <p>18 there. None of those, obviously, were impacted</p> <p>19 by what happened at Graham Road.</p> <p>20 Q. And when you say "counseling," was</p> <p>21 that Morley? Is that what you said?</p> <p>22 A. Yeah, the Morley Health Center.</p> <p>23 Q. Okay. We are -- again, in part,</p> <p>24 are we talking about the substance abuse</p> <p>25 services that are provided by Summit Public</p>
<p style="text-align: right;">Page 43</p> <p>1 documents that you had been saving prior to the</p> <p>2 flood. After the flood, somebody took them;</p> <p>3 you never saw them again?</p> <p>4 A. I -- yes.</p> <p>5 Q. Okay. To your knowledge, were the</p> <p>6 general Summit Public Health files also</p> <p>7 affected by the flood?</p> <p>8 A. Yes.</p> <p>9 Q. Do you know whether some of those</p> <p>10 documents were -- were damaged so much that</p> <p>11 they were destroyed as well?</p> <p>12 A. Some were.</p> <p>13 Q. Do you know whether any of the</p> <p>14 documents from the community health division</p> <p>15 were affected and disposed of?</p> <p>16 A. Well, I was the director of</p> <p>17 community health at the time, so I would say</p> <p>18 yes.</p> <p>19 Q. Do you -- do you have an estimate,</p> <p>20 as we sit here, by percentage, roughly, of the</p> <p>21 documents prior to 2015 -- or prior to the</p> <p>22 flood, hard-copy documents that were from the</p> <p>23 community health division that were destroyed</p> <p>24 by the flood, not recoverable?</p> <p>25 A. I do not.</p>	<p style="text-align: right;">Page 45</p> <p>1 Health?</p> <p>2 A. Yes.</p> <p>3 Q. So patient records, for example --</p> <p>4 A. Uh-huh.</p> <p>5 Q. -- for current patients that</p> <p>6 were -- that were getting counseling services,</p> <p>7 do you believe those were included in the</p> <p>8 documents that were affected by the flood?</p> <p>9 A. I don't believe so.</p> <p>10 Q. Now, what about older patients who</p> <p>11 were -- their records have been archived</p> <p>12 because they were no longer getting services</p> <p>13 from Summit Public Health, would those</p> <p>14 documents be transferred to the site that was</p> <p>15 affected by the flood?</p> <p>16 A. I don't believe that we archived</p> <p>17 counseling services patient records at Graham</p> <p>18 Road.</p> <p>19 Q. Do you believe that's done at the</p> <p>20 Morley Health Clinic, then?</p> <p>21 A. Yes.</p> <p>22 Q. As far -- you mentioned you were on</p> <p>23 vacation when this occurred. If we needed to</p> <p>24 talk to an employee of Summit Public Health who</p> <p>25 was directly involved in working with a</p>

<p style="text-align: right;">Page 46</p> <p>1 disaster remediation company, who would that 2 be?</p> <p>3 A. Well, there were three individuals: 4 Gene Nixon, who was the health commissioner at 5 the time; Donna Skoda; and Heather Pierce, who 6 was the director of admin at the time.</p> <p>7 Q. All right. And just, I think, one 8 more question on this. You weren't the only 9 employee whose hard-copy documents were 10 affected by the flood; is that accurate?</p> <p>11 A. Yes.</p> <p>12 Q. Okay. We -- following the thread 13 back up again, we're talking about what you did 14 to organize documents that were going to be 15 produced in this case.</p> <p>16 You talked about Mr. Mink's e-mail, 17 you did your own search, and then he ran a 18 broader search and mined your system for 19 documents, you looked through the hard-copy 20 files. Everything prior to the flood was gone, 21 but you found things since the flood, and I 22 think what you said was you didn't really find 23 much that was very relevant?</p> <p>24 MS. KEARSE: Object to form.</p> <p>25 Q. Well, let me ask -- let me just</p>	<p style="text-align: right;">Page 48</p> <p>1 A. Yes. 2 Q. Are your e-mails stored on the L 3 drive? 4 A. Some -- no. There's -- on the 5 server, I believe. 6 Q. Did you have to do anything to 7 assist in producing your e-mails as part of 8 this litigation? 9 A. Eddie did that. 10 Q. Okay. 11 A. Mink. 12 Q. All right. So -- and I just -- I'm 13 asking because I want to know, did you actually 14 go through any of the e-mails to select which 15 would be produced and which didn't have to be 16 produced? 17 A. No. 18 Q. Were there separate folders in your 19 e-mail program that were easily identifiable 20 as, these are substance abuse-type e-mails, 21 these are childhood immunization e-mails, and 22 so get those, don't get those? 23 A. No. 24 Q. Okay. Mr. Mink did all of the 25 collecting of the e-mails?</p>
<p style="text-align: right;">Page 47</p> <p>1 ask. I was trying to get us back to where we 2 were.</p> <p>3 MS. KEARSE: It's just a long 4 question, is --</p> <p>5 MR. NAEEM: I understand.</p> <p>6 Q. You -- you looked through your 7 hard-copy documents, correct?</p> <p>8 A. Yes.</p> <p>9 Q. Did you turn over documents based 10 on that review?</p> <p>11 A. No.</p> <p>12 Q. So you didn't find anything that 13 you thought needed to be produced from your 14 hard-copy documents?</p> <p>15 A. That's correct.</p> <p>16 Q. Other than the search you ran and 17 then that Mr. Mink helped you with, other than 18 reviewing the hard-copy documents you had, did 19 you do anything else to look for documents that 20 were to be turned over as part of this 21 litigation?</p> <p>22 A. No.</p> <p>23 Q. Going back quickly to the -- to the 24 electronic search you did, you talked about 25 your L drive.</p>	<p style="text-align: right;">Page 49</p> <p>1 A. Yes. 2 Q. So the L drive is somewhere where 3 you store documents, for example, that you 4 yourself are working on?</p> <p>5 A. Yes.</p> <p>6 Q. Did you do anything, other than the 7 search yourself, and then the one that Mr. Mink 8 did, to try to find documents that needed to be 9 produced?</p> <p>10 A. That's what I did.</p> <p>11 Q. So, again, the same thing with 12 e-mails, there -- well, do you have separate 13 folders on your L drive for different programs?</p> <p>14 A. Sorry, it's not L. It's H.</p> <p>15 Q. H, sorry.</p> <p>16 A. No, no. Yeah, it's our -- it's my 17 H drive. It's my home drive.</p> <p>18 And so what was the question?</p> <p>19 Q. Yeah. I'll ask it again.</p> <p>20 Are there separate folders on your 21 H drive for different programs, for example, 22 that you're responsible for?</p> <p>23 A. Yes.</p> <p>24 Q. So is there a separate folder for 25 the community health division that you use to</p>

<p style="text-align: right;">Page 50</p> <p>1 store documents related to that -- to the 2 programs in that division?</p> <p>3 A. No. It's not set up that way.</p> <p>4 Q. Do you have the ability to set up 5 your own folders?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. How do you -- how do you 8 save documents to your H drive?</p> <p>9 A. It's more program-related, so 10 that's -- again, home visitation, I would have 11 a folder that has all of that information in 12 there, solid waste. I set it up by program, 13 not so much by division.</p> <p>14 Q. All right. Do you have one for -- 15 do you have a folder for the counseling 16 services?</p> <p>17 A. I do not.</p> <p>18 Q. Okay.</p> <p>19 A. I don't believe that I do.</p> <p>20 Q. Do you have one for substance abuse 21 prevention services?</p> <p>22 A. No.</p> <p>23 Q. How about Project DAWN?</p> <p>24 A. Maybe I -- I don't believe that I 25 have a Project DAWN folder. I probably have</p>	<p style="text-align: right;">Page 52</p> <p>1 Q. Do you have one for the 2 prescription drug disposal boxes that --</p> <p>3 A. D.U.M.P.?</p> <p>4 Q. Yeah.</p> <p>5 A. No.</p> <p>6 Q. Do you have one for the STARS 7 Program?</p> <p>8 A. Yes.</p> <p>9 Q. Do you have --</p> <p>10 A. I believe --</p> <p>11 Q. Oh, go ahead.</p> <p>12 A. I believe I do from early on. I 13 don't know if it's an actual folder, but I -- I 14 probably have electronic documents from early 15 on, when it was being developed.</p> <p>16 Q. Do you think those were saved on 17 your H drive or that those are just in your 18 e-mail system?</p> <p>19 A. They should be in the e-mail 20 system, because I didn't actually write that 21 proposal. I reviewed it, maybe made some 22 edits. I don't -- but that wasn't even -- that 23 wasn't our program, so it was the children 24 services. I don't believe I have a folder on 25 it. That was five years ago, though. I may.</p>
<p style="text-align: right;">Page 51</p> <p>1 some early documents that I would have gone -- 2 during program development, information would 3 have been sent to me, "This is the way we think 4 we're going to set it up."</p> <p>5 And so just in terms of program 6 development, maybe early on I may have -- I 7 know there should have been e-mails. I don't 8 know if there's a folder on my H drive.</p> <p>9 Q. Okay. And let's use that as an 10 example, where somebody sends you a proposed 11 budget, for example, for Project DAWN, and it's 12 an e-mail with an attachment. Would you just 13 leave it in your e-mail system, or would you 14 save the document to your H drive?</p> <p>15 MS. KEARSE: Object to the form.</p> <p>16 A. Probably --</p> <p>17 THE WITNESS: Oh.</p> <p>18 Q. Go ahead.</p> <p>19 A. -- in the e-mail.</p> <p>20 Q. Do you have a program folder for 21 the medication-assisted -- medication-assisted 22 treatment program?</p> <p>23 A. I don't think I have a folder. I 24 have lots of e-mails. I don't -- I don't think 25 I have a folder.</p>	<p style="text-align: right;">Page 53</p> <p>1 Q. When I spoke with Ms. Skoda, she 2 mentioned that the end of the grant that -- 3 that funded that program, the five-year grant, 4 was ending, I think she said, in September of 5 2018.</p> <p>6 A. Uh-huh.</p> <p>7 Q. Is that accurate?</p> <p>8 A. Yes.</p> <p>9 Q. Is Summit Public Health still 10 running that program --</p> <p>11 A. Our component --</p> <p>12 Q. -- now that that grant has ended?</p> <p>13 A. -- we are still funding a full-time 14 staff person to support the work they're doing.</p> <p>15 Q. Is that person doing the 16 assessments as part of that program or some 17 other function?</p> <p>18 A. She screens for ancillary services 19 that may be needed. She makes referrals to 20 systems if she finds that they need them: 21 food, housing, clothing, transportation, things 22 of that nature. She may or may not do home 23 visits, and tracking them throughout the 24 process to make sure that they're following 25 through with referrals that are made. That's</p>

14 (Pages 50 - 53)

<p style="text-align: right;">Page 54</p> <p>1 what her role was identified as, so.</p> <p>2 Q. What's the name of that employee?</p> <p>3 A. Christa Brunelle.</p> <p>4 Q. Christa?</p> <p>5 A. Yes.</p> <p>6 Q. Burelle?</p> <p>7 A. Brunelle, B-r-u-n-e-l-l [sic], I believe.</p> <p>8 Q. Was she part of the -- was she part of the program prior to the grant ending?</p> <p>9 Prior to September --</p> <p>10 A. Yes.</p> <p>11 Q. -- 2018?</p> <p>12 A. Yes.</p> <p>13 Q. Is the STAR program the only program that she works on for Summit Public Health?</p> <p>14 A. Well, it had been for -- for however long she was on there. Recently, I've had a couple staff come to me and ask if they could move her to another program, so I don't know where we are on that yet. Very recently. Within the last few weeks.</p> <p>15 Q. Okay.</p> <p>16 A. They'd like to move her to MAT.</p>	<p style="text-align: right;">Page 56</p> <p>1 commitment, after which, at this point, you don't know what's going to happen with her role on that program; is that accurate?</p> <p>2 A. Well, we talked about a year, and we would see how things looked at the six-month mark.</p> <p>3 Q. Got you, okay.</p> <p>4 We were talking about your -- your hard-copy archive -- or, I'm sorry, your H drive --</p> <p>5 A. Yes.</p> <p>6 Q. -- archive. I just had one more program I wanted to ask to see whether you had a folder on there, and that's the Quick Response Teams. Anything that you have on your H drive?</p> <p>7 A. I don't believe I have a folder. I probably have -- I'm sure I have e-mails related to that.</p> <p>8 Q. Regardless of whatever the folders were, it was this H drive that you yourself originally did a search for opioid-type documents?</p> <p>9 A. Yes.</p> <p>10 Q. And then, again, you testified</p>
<p style="text-align: right;">Page 55</p> <p>1 Q. Okay. And is that essentially because there's not enough for one full-time employee to do anymore on the STAR program with respect to Summit Public Health's role with that program?</p> <p>2 MS. KEARSE: Object to form.</p> <p>3 A. I have been having ongoing discussions about the -- whether or not it's necessary for Christa to be on site, how many referrals are coming through.</p> <p>4 We made a commitment that we would allocate Christa to the program full-time for six months, so I've been focusing a little bit more, to the extent that I've been focusing on it, on where we are with regard to the amount of time than the number of referrals that have been made.</p> <p>5 Q. Other than the -- the revenue that's associated with Ms. Brunelle's salary and benefits, are there any funds that Summit Public Health is providing currently to that program?</p> <p>6 A. We -- no. We cover the cost of Christa.</p> <p>7 Q. And that was a six-month</p>	<p style="text-align: right;">Page 57</p> <p>1 about this, but I want to close it off to make sure. Mr. Mink came in, and that's the same drive that he did his enhanced search of to try to find documents?</p> <p>2 A. Yes.</p> <p>3 Q. All right. And so whatever he found would have been turned over. It was kind of out of your hands at that point --</p> <p>4 A. Yes.</p> <p>5 Q. -- somebody else did that?</p> <p>6 A. Yes.</p> <p>7 Q. We talked about the H drive. We talked about the e-mails. We talked about the hard-copy documents. Were there anything -- any other sources of information that you went and looked at to see whether it needed to be produced as part of this litigation?</p> <p>8 A. No.</p> <p>9 Q. Did you review Ms. Skoda's deposition at any point in time after it was taken?</p> <p>10 A. No.</p> <p>11 Q. Did you talk to Ms. Skoda about your deposition, other than scheduling-type things? Did you talk about the substance?</p>

<p style="text-align: right;">Page 58</p> <p>1 A. No. But I did tell her that I 2 don't feel as though I'm an expert on opiates, 3 and that I was concerned about that. That I 4 don't know enough about details. And she 5 told -- you know, we talked about that. She 6 said that, "You know what you know, and just go 7 in there and tell them what you know."</p> <p>8 Q. Did she talk about her testimony, 9 give you advice on what to say, anything like 10 that?</p> <p>11 A. No. She just would say, "Oh, 12 honey," just -- yeah. Didn't want to talk 13 about it. But I didn't ask her lots of 14 questions, either. I did ask her, "What could 15 you possibly have to say for seven hours?"</p> <p>16 Q. I will suggest an answer to that 17 once we go off the record.</p> <p>18 One last thing. I'm sorry about 19 the H drive, and then I promise we'll move on.</p> <p>20 Do you have a folder that you save 21 articles on, for example, that you find 22 interesting?</p> <p>23 A. No. I have a folder on top of my 24 desk that I plan to read, but I don't have 25 any -- I don't believe I have a -- I know I</p>	<p style="text-align: right;">Page 60</p> <p>1 opioid-related articles to read for your own 2 education?</p> <p>3 A. No. I got a really interesting one 4 that talked about opiate use in the 1800s 5 and -- but, no. These articles are about 6 everything from infant mortality to county 7 government and Complete Streets. It could be 8 anything related to public health.</p> <p>9 Q. Okay.</p> <p>10 A. And that was one of my challenges, 11 is that I have not become a local expert on 12 opiates. Yeah, that was one of my concerns 13 about testifying, that I --</p> <p>14 Q. Well, I see --</p> <p>15 A. -- wasn't going to know enough to 16 answer your questions.</p> <p>17 Q. Ms. Block, we've been going --</p> <p>18 A. We've got hours, though, right?</p> <p>19 Q. -- we've been going about an hour, 20 and we've barely even mentioned opiates --</p> <p>21 A. Right.</p> <p>22 Q. -- so you can see --</p> <p>23 A. Right.</p> <p>24 Q. -- we'll come up with something to 25 talk about no matter -- no matter what your</p>
<p style="text-align: right;">Page 59</p> <p>1 don't have a folder, and I don't believe I have 2 an electronic folder. Maybe I do. I don't 3 know.</p> <p>4 Oh, well, yeah. I can remember 5 some articles related to developing the syringe 6 exchange program that I -- yes, I do recall 7 those. Those probably are on my -- maybe. I 8 don't know where they are.</p> <p>9 Q. Okay.</p> <p>10 A. I have electronic copies of syringe 11 exchange information.</p> <p>12 Q. It could be in your e-mail system 13 if somebody sent them to you?</p> <p>14 A. Could be in my e-mail system.</p> <p>15 Q. Could be on your H drive?</p> <p>16 A. Could be on my H drive, yes.</p> <p>17 Q. There wouldn't be any other -- and, 18 then, other than a hard copy that might be on 19 your desk, there aren't any other sources that 20 you could think of where that -- where those 21 articles would be, correct?</p> <p>22 A. Correct.</p> <p>23 Q. Now, the -- you mentioned -- I 24 think what you said, it was a hard-copy file 25 with articles in it. Do you collect</p>	<p style="text-align: right;">Page 61</p> <p>1 knowledge base is.</p> <p>2 A. Okay.</p> <p>3 Q. But you did mention at least one 4 article about opiate use in the 1800s.</p> <p>5 A. Yes.</p> <p>6 Q. Was that sent to you by somebody?</p> <p>7 A. Yes. It was sent to me, I believe, 8 by Rich Marountas. Yeah.</p> <p>9 Q. Okay. What do you remember about 10 that article?</p> <p>11 A. I was struck by the fact that -- 12 you know, the similarity in the messages being 13 given around the extent to which it may or may 14 not be addictive, and health officials talking 15 about the fact that it should not be 16 distributed in the way that it was, and for 17 things that it was used for.</p> <p>18 And, yeah, I found that very 19 interesting that here, all these decades later, 20 we find ourselves in what appears to be a 21 similar situation.</p> <p>22 Q. Well, not just decades, 100 23 years --</p> <p>24 A. Yeah.</p> <p>25 Q. -- right?</p>

<p style="text-align: right;">Page 62</p> <p>1 A. Yes.      2 Q. Since the article, right?      3 A. Yes.      4 Q. And so, certainly -- in fact, that      5 article was written -- I believe I've seen it,      6 from Mr. Marountas --      7 A. Okay.      8 Q. -- and we've talked about it with      9 Ms. Skoda --      10 A. Uh-huh.      11 Q. -- was written in the early 1900s.      12 Do you recall that?      13 A. Well, I knew it was a long time      14 ago. I couldn't tell you that. I don't know      15 the year.      16 Q. Okay. But that article wasn't      17 written in the last few years?      18 A. That's correct.      19 Q. It's an old article?      20 A. Yes.      21 Q. And they're talking about opioid      22 addiction whatever time point that article was      23 written; would you agree?      24 A. Yeah.      25 MS. KEARSE: Object to form.</p>	<p style="text-align: right;">Page 64</p> <p>1 is that -- that fair?      2 A. Yes.      3 Q. Why don't you -- would you please      4 let us know, what's your current title with      5 Summit Public Health?      6 A. I'm the assistant health      7 commissioner.      8 Q. And could you give us, generally,      9 an overview of what your responsibilities are      10 as the assistant health commissioner?      11 A. I supervise the five directors for      12 the various divisions that -- those are --      13 that's my primary responsibility.      14 Very recently, I've picked up human      15 resources.      16 Yeah, those are the...      17 Q. And you report directly up to the      18 health commissioner?      19 A. Yes.      20 Q. And that is Donna Skoda?      21 A. Yes.      22 Q. How long have you been the      23 assistant health commissioner? I'm sorry. I      24 don't know if I asked.      25 A. Two and a half years, maybe.</p>
<p style="text-align: right;">Page 63</p> <p>1 A. Yes.      2 Q. Yeah. I want to move on now to      3 talk very briefly -- and I think this will be      4 quick based on the discussion we just had --      5 your employment with Summit Public Health and      6 prior to coming to Summit Public Health.      7 MR. NAEEM: So can we mark this?      8 - - - - -      9 (Thereupon, Deposition Exhibit 2,      10 Tonya A. Block Curriculum Vitae,      11 SUMMIT_001702613 to 001702614, was      12 marked for purposes of      13 identification.)      14 - - - - -      15 Q. Ms. Pollard [sic], I've had marked      16 as Deposition Exhibit 2 a copy of a resume or      17 curriculum -- curriculum vitae we found. It's      18 not current, but it was in -- it was attached      19 to one of the documents that was submitted for      20 one of the programs a number of years ago.      21 You testified earlier that at the      22 time of the flood, for example, you were the      23 director of community health.      24 A. Yes.      25 Q. Your title has changed since then;</p>	<p style="text-align: right;">Page 65</p> <p>1 Q. So roughly since 2016?      2 A. Yes.      3 - - - - -      4 (Thereupon, Deposition Exhibit 3,      5 Document Titled "Summit County      6 Public Health Organization Chart,      7 January 2017," SUMMIT_001698224, was      8 marked for purposes of      9 identification.)      10 - - - - -      11 Q. Ms. Skoda -- I'm sorry. Ms. Block,      12 I'm handing you what's marked as Deposition      13 Exhibit 3. We may refer to it, we may not, as      14 we go along.      15 But turning back to Deposition      16 Exhibit 2, what was -- prior to 2016, what --      17 what role did you have with Summit Public      18 Health?      19 A. I was the director of community      20 health.      21 Q. And can you describe for the jury      22 what the community health division -- what role      23 it has in the Summit County area? Or within      24 Summit Public Health?      25 A. Yeah. That division was made up of</p>

<p style="text-align: right;">Page 66</p> <p>1 various programs that are public-facing, for 2 the most part. Primarily social services. And 3 at that time, it also included our clinic 4 services. Those were combined. So that was 5 everything from early childhood immunizations, 6 home visitation, the STARS Program. We have 7 aging services, adult protective services, TB. 8 Yeah, lots of clinic and community health 9 services.</p> <p>10 Q. Okay. And would -- could we add to 11 that list substance abuse-related services?</p> <p>12 A. Yes. Sorry.</p> <p>13 Q. That's -- that's fine.</p> <p>14 So there -- there could be 15 prevention-type services?</p> <p>16 A. Yes.</p> <p>17 Q. And that would be within that 18 division?</p> <p>19 A. Yes.</p> <p>20 Q. And then there could be 21 treatment-type services as well, correct?</p> <p>22 A. Correct.</p> <p>23 Q. And that would be within that 24 division?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 68</p> <p>1 A. Yeah. I believe so, yes.</p> <p>2 Q. Who is that -- who is currently the 3 director of environmental health?</p> <p>4 A. Her name is Tonia Burford.</p> <p>5 Q. Tonia Burford?</p> <p>6 A. B-u-r-f-o-r-d.</p> <p>7 Q. I lose track of the things we talk 8 about, and we're only an hour in.</p> <p>9 But do you know where the revenue 10 comes to pay for the D.U.M.P. program?</p> <p>11 A. I do not.</p> <p>12 Q. As part of your role as assistant 13 health commissioner, are you responsible for 14 working with the individual division directors 15 to establish their budgets?</p> <p>16 A. Yes.</p> <p>17 Q. How does that process work?</p> <p>18 A. On an annual basis, the directors 19 are required to take a look at what their 20 staffing and programmatic needs are going to be 21 for the following year, as compared to the 22 prior year. They also look at areas in which 23 they'd like to expand services, and then they 24 each put in an amount that they would like to 25 have allocated for the following year.</p>
<p style="text-align: right;">Page 67</p> <p>1 Q. All right. And -- and what I want 2 to try to do is focus strictly on the structure 3 within Summit Public Health that relates just 4 to the provision of substance abuse-type 5 services.</p> <p>6 A. Okay.</p> <p>7 Q. Is there any of the other divisions 8 in which substance abuse services are provided?</p> <p>9 A. The only thing that I can think of 10 is environmental health does most of the 11 D.U.M.P. program.</p> <p>12 Q. And prior to becoming assistant 13 health commissioner, did you have any oversight 14 over any of the operations of the environmental 15 health division?</p> <p>16 A. No.</p> <p>17 Q. Do you know -- I don't recall if we 18 talked about this, but how long has Summit 19 County Public Health been operating the 20 D.U.M.P. program?</p> <p>21 A. I don't know. If I -- if I had to 22 guess, I would say five years. Four or five 23 years.</p> <p>24 Q. Okay. Certainly prior to you 25 becoming assistant health commissioner.</p>	<p style="text-align: right;">Page 69</p> <p>1 And then there's a process of 2 debating, because there's only so much funding 3 available, prioritizing, revising, and 4 ultimately -- yeah, that budget is approved, 5 eventually.</p> <p>6 Q. Okay. Are you part of that process 7 of prioritizing and -- and finalizing the 8 individual division budgets as assistant health 9 commissioner?</p> <p>10 A. I sit in on those -- I sit in on 11 those meetings. A lot of that is conversation 12 that is between the director of admin and our 13 fiscal manager.</p> <p>14 I was -- I'm more involved with 15 areas that they'd like to expand into. They 16 wanted to talk about expanding into MAT. They 17 wanted to talk about expanding our solid waste 18 program, things like that. Whether or not 19 there would need to be more staffing, where 20 they're going to get the funding from, is the 21 need really there, those types of things.</p> <p>22 But I am not going through their 23 budgets line by line. Yeah.</p> <p>24 Q. Okay. You -- you would be part of 25 the process, though, of that ongoing setting of</p>

<p style="text-align: right;">Page 70</p> <p>1 the final budget? At least --</p> <p>2 A. Yes.</p> <p>3 Q. -- sitting in is what you said,</p> <p>4 right?</p> <p>5 A. Yes, I sit in.</p> <p>6 Q. And you get more involved if</p> <p>7 somebody -- for example, the director of</p> <p>8 environmental health says, "We want to put ten</p> <p>9 more D.U.M.P. boxes around the community and we</p> <p>10 need more money," that's something that, for</p> <p>11 example, you would get more involved in?</p> <p>12 A. If she was saying she needed more</p> <p>13 money, yes.</p> <p>14 Q. You said the director of</p> <p>15 administration was involved in these</p> <p>16 discussions?</p> <p>17 A. He is involved with the discussions</p> <p>18 with the direct- -- with the other directors.</p> <p>19 Q. And what is his name?</p> <p>20 A. Eric Seachrist.</p> <p>21 Q. How long has he been in that</p> <p>22 position?</p> <p>23 A. Maybe two years.</p> <p>24 Q. And --</p> <p>25 A. Maybe three.</p>	<p style="text-align: right;">Page 72</p> <p>1 were employed by Summit Public Health at the</p> <p>2 time it merged --</p> <p>3 A. In 2008.</p> <p>4 Q. -- with -- right. So at the time</p> <p>5 of the merger with Akron Health Department in</p> <p>6 2011 --</p> <p>7 A. Yes.</p> <p>8 Q. -- you went through that process?</p> <p>9 A. Yes.</p> <p>10 Q. Do you know, was Heather Pierce the</p> <p>11 director of administration at that time or the</p> <p>12 fiscal officer?</p> <p>13 A. She, I believe, was the director of</p> <p>14 admin.</p> <p>15 Q. All right. So who's the current</p> <p>16 fiscal officer for Summit Public Health?</p> <p>17 A. Angela Burgess.</p> <p>18 Q. Do you know how long she's had that</p> <p>19 position?</p> <p>20 A. Maybe a year.</p> <p>21 Q. And who preceded her in that role?</p> <p>22 A. Eric Seachrist.</p> <p>23 Q. Okay. And was he in that</p> <p>24 position -- well, let me just ask. How long</p> <p>25 was he in that position?</p>
<p style="text-align: right;">Page 71</p> <p>1 Q. -- do you know who his predecessor</p> <p>2 was?</p> <p>3 A. Heather Pierce.</p> <p>4 Q. Is she still with Summit Public</p> <p>5 Health?</p> <p>6 A. She is.</p> <p>7 Q. What is her current role?</p> <p>8 A. She's a deputy health commissioner.</p> <p>9 Q. How long did she have the director</p> <p>10 of administration role prior to Eric Seachrist?</p> <p>11 A. A long time. Maybe -- maybe eight</p> <p>12 years. Maybe longer.</p> <p>13 Q. Okay. Do you think it was prior to</p> <p>14 2011?</p> <p>15 A. Well, at one point she was the</p> <p>16 fiscal officer, so she moved from fiscal</p> <p>17 officer to director of admin, but she was still</p> <p>18 responsible for overseeing fiscal. So I don't</p> <p>19 know the exact number of years.</p> <p>20 Q. Okay.</p> <p>21 A. Was that your question?</p> <p>22 Q. I'll ask it a different way to see</p> <p>23 if I can trigger your -- trigger your memory.</p> <p>24 A. Okay.</p> <p>25 Q. You're -- you're certainly -- you</p>	<p style="text-align: right;">Page 73</p> <p>1 A. I believe he was hired into that</p> <p>2 position and -- maybe five years. Maybe four</p> <p>3 years he was in that -- maybe he was in that</p> <p>4 position three years, and he has been the</p> <p>5 director of admin for -- you know, since that</p> <p>6 time. I believe. I didn't...</p> <p>7 Q. And do you know who preceded him as</p> <p>8 fiscal officer?</p> <p>9 A. Andy Doyle.</p> <p>10 Q. D-o-y-l-e?</p> <p>11 A. Yes.</p> <p>12 Q. Is Mr. Doyle still employed by</p> <p>13 Summit Public Health in any function?</p> <p>14 A. He died.</p> <p>15 Q. Oh. I'm sorry to hear that.</p> <p>16 Do you know, was he -- and using</p> <p>17 again the Akron Health Department merger as a</p> <p>18 reference, do you think he was the fiscal</p> <p>19 officer at that time?</p> <p>20 A. Yes. And he had been employed by</p> <p>21 the Akron Health Department.</p> <p>22 Q. Oh, okay. So he came over with the</p> <p>23 merger?</p> <p>24 A. Yes.</p> <p>25 Q. So we were talking about the --</p>

<p style="text-align: right;">Page 74</p> <p>1 essentially, we were talking about the 2 budgeting process, and for the most part what I 3 think I heard you say -- and I'll ask you to 4 correct me if I'm wrong -- but the individual 5 division directors come up with a proposed 6 budget that they work with the director of 7 administration and the fiscal officer to -- to 8 get approved?</p> <p>9 MS. KEARSE: Object to form.</p> <p>10 A. Sort of -- they hammer out the 11 numbers.</p> <p>12 Q. Okay. Who has ultimate -- who 13 makes the ultimate decision as to what the 14 division's budget will be?</p> <p>15 A. Donna makes the recommendation to 16 the board.</p> <p>17 Q. So let's just talk generally about 18 how that process is finalized.</p> <p>19 There's a negotiation process with 20 division directors, the director of 21 administration, the fiscal officer.</p> <p>22 A. Yes.</p> <p>23 Q. And then a recommendation is 24 provided to Ms. Skoda?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 76</p> <p>1 made up of council members. It's the -- I 2 believe the fiscal administrator and there are 3 other members. I don't know how that team is 4 made up.</p> <p>5 Q. Okay.</p> <p>6 A. What -- who's -- what it's 7 comprised of. I've only been to two, yeah.</p> <p>8 Q. But it's the Summit County 9 government?</p> <p>10 A. Correct.</p> <p>11 Q. Yeah. To your knowledge, at any 12 point in time has Ms. Skoda rejected any of the 13 proposed budgets that were sent to her by the 14 director of administration, fiscal officer, and 15 division directors?</p> <p>16 A. You mean just a flat-out rejection?</p> <p>17 Q. Just saying, "It's not good enough. 18 Go back and do it again."</p> <p>19 A. Well, yeah, she does that 20 frequently when they come in too high. And 21 every year they come in -- we -- we come in too 22 high because it's sort of a -- almost a wish 23 list of these other things that we'd like to 24 do.</p> <p>25 Q. Okay. Well, let's talk about</p>
<p style="text-align: right;">Page 75</p> <p>1 Q. And then Ms. Skoda makes --</p> <p>2 A. Well, a request.</p> <p>3 Q. Okay. So -- so they hammer out 4 these requests from each of the individual 5 divisions --</p> <p>6 A. Uh-huh.</p> <p>7 Q. -- and then it goes to Ms. Skoda?</p> <p>8 A. Yes.</p> <p>9 Q. And then, ultimately, she sends it 10 to the board, who approves it?</p> <p>11 A. Yes.</p> <p>12 Q. Okay.</p> <p>13 A. Well, they approve that we can take 14 it to the budget commission. I believe that's 15 how it goes.</p> <p>16 Q. Okay. So there's another step.</p> <p>17 A. Yes, yes.</p> <p>18 Q. Okay. So -- so the board approves 19 the proposal, but ultimately, the budget 20 commission has final say?</p> <p>21 A. On approving our budget, yes.</p> <p>22 Q. Is that part of Summit County 23 council?</p> <p>24 A. Well, I don't know if they're 25 part -- they're not -- no, I don't believe it's</p>	<p style="text-align: right;">Page 77</p> <p>1 your -- your role as director of the community 2 health division. Do you recall that happening 3 to you when you were the director?</p> <p>4 A. Yes.</p> <p>5 Q. So you basically go back to the 6 drawing board, try to cut numbers --</p> <p>7 A. Uh-huh.</p> <p>8 Q. -- and then the process starts 9 again?</p> <p>10 A. Uh-huh.</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 A. Well, yes.</p> <p>13 Q. Do you recall any -- well, and 14 let's make sure we're on the same page.</p> <p>15 You became director of community 16 health services in 2007?</p> <p>17 A. Let me look at this, because this 18 doesn't -- these years don't seem right to me.</p> <p>19 Okay. I'll go with that. That 20 number -- that year seems wrong to me, though, 21 as is my address. So I don't -- you know, so.</p> <p>22 Q. Yeah. Yeah, no, and certainly 23 this -- this is not a current copy of your --</p> <p>24 A. Yeah.</p> <p>25 Q. -- CV, correct?</p>

<p style="text-align: right;">Page 78</p> <p>1 A. Okay. Yes. No, it isn't.      2 Q. I'm really mostly interested in the      3 time period from 2011 to the present. So --      4 A. Okay.      5 Q. -- can we at least agree --      6 A. Yes.      7 Q. -- that you were director of the      8 community health division in 2011?      9 A. Yes.      10 Q. Up until you took your current role      11 as assistant health commissioner in 2016?      12 A. Yes.      13 Q. And is it fair for me to state that      14 prior to 2011, Summit Public Health did not      15 provide any substance abuse-related services to      16 citizens in Summit County?      17 A. Yes.      18 Q. That was being done by the Akron      19 Health Department?      20 A. That's correct.      21 Q. And in the merger, essentially,      22 Akron Health Department, their -- their      23 programs became part of Summit Public Health?      24 A. Yes.      25 MS. KEARSE: Object to form.</p>	<p style="text-align: right;">Page 80</p> <p>1 Medicaid, and then there -- if an individual      2 has private insurance, perhaps we bill those      3 insurances as well.      4 At the end of the year, we close      5 out -- it's my understanding the way that the      6 counseling budget goes is that those program      7 years are closed out, but there has      8 historically been funds left over, either      9 because we had fewer staff to charge, you know,      10 salaries to, for any number of reasons, the      11 productivity rate was higher, and then they      12 would start the next year with a new budget.      13 So there was the opportunity to      14 pull from prior year budgets' funds that had      15 been -- I'm using air quotes here -- "earned"      16 for the work that was done to support expanding      17 AOD services.      18 Q. Was that a normal occurrence? I      19 understand it's part of the budgeting process,      20 right? You don't know in advance of the year      21 of the budget how much money you're actually      22 going to generate.      23 A. Yes.      24 Q. So what I'm hearing is that there      25 were years where there were excess funds at the</p>
<p style="text-align: right;">Page 79</p> <p>1 Q. All right. So after 2011, do you      2 remember any discussions about -- well, let me      3 strike that and ask it again.      4 Between 2011 and 2016, while you      5 were director of the community health division,      6 do you remember any discussions with Ms. Skoda      7 or her predecessor, Mr. Nixon, about budget --      8 about the budget for substance abuse services?      9 A. We've had -- I recall having      10 conversations about that, yeah.      11 Q. Okay. And were any of the      12 discussions related to increasing the      13 division's budget for provision of substance      14 abuse-related services?      15 A. That was not the context of the      16 conversations.      17 Q. Okay. So, certainly, there would      18 have been discussions about the programs      19 themselves?      20 A. Right. But the way that the      21 counseling services budget is set up is each      22 year is a distinct year, and there's a con --      23 there has historically been a contract in place      24 with the ADM Board, and there has been specific      25 categories of billing that goes through Ohio</p>	<p style="text-align: right;">Page 81</p> <p>1 end of the year?      2 A. There were funds that had not been      3 utilized.      4 Q. And so they were carried over to      5 the budget for the -- for the next year?      6 A. No.      7 Q. No?      8 A. They were sitting in that program      9 year, and it wasn't until more recent years      10 that we tapped into those funds. You know,      11 because the organization -- I don't want to      12 call it a firm policy, but the position we have      13 is that if funds are earned on a program, even      14 if they're in excess of what we needed to      15 operate, those funds should be used to continue      16 to support that program.      17 Q. Okay. And I do want to make that      18 point clear. Those "earned," in air quotes,      19 monies weren't transmitted to, for example, the      20 immunization program.      21 A. That's correct.      22 Q. They stayed within the program.      23 A. Yes.      24 Q. So if, for example, the counseling      25 services generated this additional revenue --</p>

<p style="text-align: right;">Page 82</p> <p>1 A. Uh-huh.      2 Q. -- it would stay within counseling      3 services to be spent by them?      4 A. Correct.      5 Q. All right. I didn't understand      6 what you meant by they were sitting in an      7 account. Were they accruing over subsequent      8 years?      9 A. They were -- yes.      10 Q. All right. Let's start in 2011.      11 Well, let's start out broader. Between 2011      12 and 2016, do you recall any years where there      13 was, at the end of the budget year, earned,      14 additional funds from the provision of      15 counseling services?      16 A. I know that there were. I can't      17 tell you, year by year, what they were. The      18 amounts, any of it, I don't know.      19 Q. Okay. All right. So I certainly      20 appreciate you can't tell me the exact number.      21 A. Yes.      22 Q. Let's start out broad and see      23 how -- how narrow we can get, based --      24 A. Okay.      25 Q. -- on your recollection.</p>	<p style="text-align: right;">Page 84</p> <p>1 Q. Okay. Let's actually work,      2 perhaps, backwards --      3 A. Okay.      4 Q. -- maybe from more recent to -- to      5 farther back.      6 In 2016, your last year -- and I      7 don't know if there was some overlap, so      8 correct me if I'm wrong -- but in 2016 was      9 there excess funds from the counseling services      10 division -- or counseling services provided      11 by --      12 A. You mean at the end of '16 or going      13 into '16?      14 Q. At the end of '16, were there extra      15 funds?      16 A. Yes.      17 Q. Okay. At the end of 2015, so going      18 into 2016, were there extra funds?      19 A. Well, let me just, as a point of      20 clarification, if there were funds that were      21 left over in 2015, when you're asking were      22 there funds left over in 2016, those could be      23 considered part of the funds that were left      24 over. So I just -- are you asking at the end      25 of every year was there a specific amount from</p>
<p style="text-align: right;">Page 83</p> <p>1 A. Okay.      2 Q. Were there any years between 2011      3 and 2016 where there was a revenue deficit?      4 A. No.      5 Q. Do you think that in every year      6 between 2011 and 2016, there was these      7 additional funds at the end of the budget?      8 A. I -- I don't believe that we      9 were -- that there was a deficit in any year.      10 I can't say how much excess there was, but I      11 don't believe there was a deficit.      12 Q. Okay. Do you think in every year      13 between 2011 and 2016, that there was      14 additional funds left over from counseling      15 services?      16 A. I don't know the answer to that.      17 Q. Okay. And -- and I have to ask.      18 A. Yes.      19 Q. In 2011, do you know whether there      20 was excess funds left over?      21 A. That, I don't -- I don't know.      22 That was a transition year, and the way that      23 things were set up, I -- I don't know. We had      24 a lot more counselors back then. I really have      25 no idea.</p>	<p style="text-align: right;">Page 85</p> <p>1 that year, or do you mean just --      2 Q. No. I'm going to go back --      3 A. -- in total?      4 Q. Yes. I'm going to go back every      5 year and ask you just like we just did --      6 A. Okay.      7 Q. -- and I understand if you don't      8 know the amounts --      9 A. Okay.      10 Q. -- and if there's somebody -- I'm      11 also going to ask you --      12 A. You mean specifically -- I'm sorry.      13 I interrupted you.      14 Q. Yeah. No, I'm just, you know -- so      15 I guess what I think you're explaining to me,      16 and correct me if I'm wrong --      17 A. Yes.      18 Q. -- is that there's a budget --      19 A. Yes.      20 Q. -- and at the end of the year      21 sometimes you spend less than your budget;      22 sometimes you spend more?      23 MS. KEARSE: Object to form, and      24 I'm not sure that that was the testimony.      25 Q. What we're talking about is that</p>

<p style="text-align: right;">Page 86</p> <p>1 those counseling services don't spend to budget 2 for certain years. 3 MS. KEARSE: Object to form. It 4 misstates testimony. 5 Q. Is that -- is that your 6 understanding, Ms. Block? Is that what we've 7 been talking about? 8 A. There have been years where we 9 brought in more money than we expended. 10 Q. Okay. And 2016 was one of those 11 years we just talked about. I'm not going to 12 ask you the numbers because you've already said 13 you don't know. I just -- I want to be able to 14 focus on the years. 15 A. Yes. 16 Q. And I don't want to go back and -- 17 A. Okay. And I have to tell you, I 18 honestly don't know the specific years. What I 19 know is that there were a number of years where 20 we did not spend down all of the money, so that 21 provided a balance that we had to use. 22 And this is how it -- the reason 23 I'm more familiar with it is because we used a 24 lot of those funds to help set up and establish 25 our MAT clinic. So I can't tell you which</p>	<p style="text-align: right;">Page 88</p> <p>1 MS. KEARSE: Yeah. 2 MR. NAEEM: Yes. No, that's not 3 what I'm asking. 4 MS. KEARSE: Why don't we take a 5 break? It's about 10:30. 6 MR. NAEEM: Okay. That's fine. 7 MS. KEARSE: I think it's getting 8 confusing. 9 MR. NAEEM: Yeah. That's fine. 10 THE VIDEOGRAPHER: We're off the 11 record, 10:28. 12 (A recess was taken.) 13 THE VIDEOGRAPHER: We're back on 14 the record, 10:59. 15 BY MR. NAEEM: 16 Q. Ms. Block, before we went on break, 17 we'd been talking about unspent funds that were 18 generated out of the Summit Public Health 19 counseling services. 20 MS. KEARSE: Object to form. 21 Q. And I wanted to finish that 22 discussion before we move on. 23 We had talked about 2016, going 24 back to 2015. To your recollection, were there 25 unspent funds at the end of the budget year in</p>
<p style="text-align: right;">Page 87</p> <p>1 years brought in how much more that wasn't 2 spent in any given year. I just know that 3 there was a balance from prior years. 4 Q. Okay. And -- and I appreciate 5 that. I -- I do think we're talking about the 6 same thing -- 7 A. Yes. 8 Q. -- but I am going to continue to 9 work backwards -- 10 A. Okay. 11 Q. -- just -- just to see what you 12 recall. 13 A. Okay. 14 Q. At the end of 2015, were the -- was 15 there money left over from the revenue 16 generated by counseling services? 17 MS. KEARSE: Object to form. 18 A. In 2016? 19 Q. '15. I'm sorry. 20 A. In 2016 was there funds left over 21 from '15? 22 Q. Right -- no. 23 MS. KEARSE: I believe that was 24 asked and answered. 25 MR. NAEEM: No, sorry.</p>	<p style="text-align: right;">Page 89</p> <p>1 2015 from the revenue generated by the 2 counseling services program? 3 MS. KEARSE: Object to form. 4 A. And I don't know specifically at 5 the end of each year whether or not there were. 6 I know that there were funds available at the 7 end of 2016 to support program development. So 8 I -- 9 Q. Okay. 10 A. Yeah, I can't tell you -- 11 Q. Okay. 12 A. -- specifically. 13 Q. To be clear, you can't tell me one 14 way or the other whether -- 15 A. Correct. 16 Q. -- there were no unspent funds at 17 the end of the year or if there were? 18 A. Correct. 19 MS. KEARSE: Object to form. 20 Q. And you couldn't tell me how much 21 there were for any of those years. 22 A. Per year, correct. 23 Q. Okay. Now, if I wanted to go find 24 that information, where would I look? 25 A. Angela Burgess probably could.</p>

<p style="text-align: right;">Page 90</p> <p>1 Q. Are -- is that information 2 contained in any of the budget documents that 3 are created by the division directors for their 4 budget year?</p> <p>5 A. No. What they are -- would be 6 requesting is they would request general 7 revenue dollars to support programs where there 8 was a deficit.</p> <p>9 Historically, with the counseling 10 program, the way that that was set up is that 11 they -- they needed to earn the full amount. 12 Each individual counselor knew what they needed 13 to produce, the number of units they needed to 14 produce. So there -- there wasn't a lot of -- 15 there wasn't a huge request for additional 16 dollars in that area.</p> <p>17 What we -- you may have seen on any 18 given year is administrative support, like 19 secretary support, support for the supervisor. 20 Yeah. I don't -- not the director level, but 21 supervisor and administrative support, more 22 likely than not.</p> <p>23 Q. Okay. And so just a general 24 question about -- and I know you can't tell me 25 what years or how -- how -- how much, but these</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. Okay. And you just mentioned a 2 productivity rate, and then you gave examples 3 of percentages. Those are percentages of what? 4 Percentages of their time spent doing services?</p> <p>5 A. Correct.</p> <p>6 Q. How does Summit Public Health set 7 productivity rate for its counselors in setting 8 its annual budget? What percentage rate?</p> <p>9 A. Historically, it's been around a 65 10 percent. Partly because their rate of pay is 11 slightly higher than some of the 12 community-based agencies. We work 35- -- a 13 35-hour work week. So, yeah, it has 14 historically been that.</p> <p>15 But we've recently gone through a 16 transition with the state, this behavioral 17 health redesign, and so it's difficult at this 18 point for us to estimate the level of 19 productivity that will get us to a place where 20 they're covering their costs.</p> <p>21 Q. So that's still a work in 22 progress --</p> <p>23 A. Yes.</p> <p>24 Q. -- is what you're telling me?</p> <p>25 This behavioral health redesign,</p>
<p style="text-align: right;">Page 91</p> <p>1 unspent funds are attributable to the -- what 2 you -- are they attributable to what you 3 described as the counselors' unit budget?</p> <p>4 MS. KEARSE: Object to form.</p> <p>5 A. Well, there's a productivity rate.</p> <p>6 Q. Okay.</p> <p>7 A. And I think the minimum -- 8 nationwide, the minimum standard is 50 percent. 9 Most behavioral health organizations require 10 anywhere from 50 to maybe as high as 70 11 percent. And depending on any number of 12 factors, including whether or not the counselor 13 did more assessments than they did IOPs, would 14 determine the amount they'd bring in.</p> <p>15 Plus the -- plus, when you look at 16 the total budget, factors such as, we may have 17 started the year with nine counselors and ended 18 the year with seven. So that would account for 19 excesses, also.</p> <p>20 So -- yeah, so there -- there was 21 no -- there's no real standard for predicting 22 how much you're going to need in any given 23 year. But, typically, it is based on the 24 number of counselors plus the administrative 25 support and any supplies that we might need.</p>	<p style="text-align: right;">Page 93</p> <p>1 when -- what year did that take effect?</p> <p>2 A. We -- they started talking about it 3 a couple years ago, and it has been a slow 4 rollout. This is the first full year that it's 5 been in effect. And we had one meeting with -- 6 we've had one meeting with the ADM Board about 7 how we're doing on that.</p> <p>8 Q. And is the significance of that 9 because it changes the services that have to be 10 provided?</p> <p>11 A. Well, no. I believe that the 12 services are still the same, but the 13 reimbursement for various types of services has 14 changed, and the amount of time provided to 15 complete those services has changed. I'm not 16 sure about the specifics of that, but those are 17 two areas that -- you know, that we've had to 18 look at. And certain things aren't being 19 reimbursed at all, so.</p> <p>20 Q. And that behavioral health 21 redesign, does that apply just to substance 22 abuse services or all behavioral health 23 services, including mental health?</p> <p>24 A. Well, the state no longer separates 25 AODL from mental health, so it's just</p>

<p style="text-align: right;">Page 94</p> <p>1 behavioral health.</p> <p>2 Q. Okay. You mentioned the 3 medication-assisted treatment clinic as one of 4 the programs funded with these unspent funds.</p> <p>5 MS. KEARSE: Object to form.</p> <p>6 I don't think that was her term, 7 "unspent funds." So, Counsel, I just don't 8 want you to keep using a term that --</p> <p>9 MR. NAEEM: Okay.</p> <p>10 MS. KEARSE: -- I don't think she 11 said that.</p> <p>12 MR. NAEEM: Well, let's -- let's be 13 clear, then.</p> <p>14 Q. First of all, Ms. Block, when I use 15 the term "unspent funds," do you know what I'm 16 talking about?</p> <p>17 A. Prior year program funds.</p> <p>18 Q. Okay. Is that a term that's used 19 within Summit Public Health?</p> <p>20 A. "Prior year"? Yes.</p> <p>21 Q. And so in this discussion we've 22 been having, when I started using the word 23 "unspent funds," does that reflect the excess 24 of revenue over budget that we were previously 25 talking about for the years 2011 to 2016?</p>	<p style="text-align: right;">Page 96</p> <p>1 top, yes. "As an FYI," yes.</p> <p>2 Q. Okay. Who is Donna Barrett?</p> <p>3 A. She's the director of community 4 health.</p> <p>5 Q. And that was the position you had 6 previous to your current role?</p> <p>7 A. Yes.</p> <p>8 Q. Is she the current -- I think we've 9 said she is the current director to this day?</p> <p>10 A. She is, yes.</p> <p>11 Q. And you'll see the subject is "AOD 12 Dollars"?</p> <p>13 A. Yes.</p> <p>14 Q. All right. Within the string, at 15 the bottom of page 1, you'll see an e-mail from 16 Donna Barrett to Craig Thompson --</p> <p>17 A. Yes.</p> <p>18 Q. -- dated October 2017.</p> <p>19 A. Yes.</p> <p>20 Q. Who is Craig Thompson?</p> <p>21 A. He is the account clerk for the 22 adult -- the AOD program, the counseling 23 program.</p> <p>24 Q. And Jackie Pollard, who is Jackie 25 Pollard?</p>
<p style="text-align: right;">Page 95</p> <p>1 A. That it -- that it represents funds 2 in any given program year that had not been 3 expended fully.</p> <p>4 Q. Okay. Is that -- yeah, that's your 5 understanding. So when counsel objected that 6 I -- that I had just started using that term, 7 you did understand what that term meant, right?</p> <p>8 A. Yes, but that's not -- that isn't 9 what we call it, but I understood the term.</p> <p>10 MS. KEARSE: And that was my point. 11 - - - - -</p> <p>12 (Thereupon, Deposition Exhibit 4, 13 October 2017 E-Mail Chain Re: AOD 14 Dollars, SUMMIT_001716632 to 15 001716633, was marked for purposes 16 of identification.) 17 - - - - -</p> <p>18 Q. Ms. Block, take your time to go 19 ahead and review that if you need to, but I've 20 handed you an exhibit that's been marked as 21 Deposition Exhibit 4.</p> <p>22 A. Okay.</p> <p>23 Q. Do you see that that's an e-mail 24 from Donna Barrett to you dated October 2017? 25 A. I don't see -- oh, okay. Up at the</p>	<p style="text-align: right;">Page 97</p> <p>1 A. Jackie is the assistant -- 2 assistant director for counseling services.</p> <p>3 Q. And you see she was cc'd on this 4 e-mail to -- or from Donna Barrett to Craig 5 Thompson down at the bottom?</p> <p>6 A. That Jackie was? Yes.</p> <p>7 Q. Yes, right. And the subject again, 8 "AOD Dollars"?</p> <p>9 A. Yes.</p> <p>10 Q. And we're talking about counseling 11 services --</p> <p>12 A. Yes.</p> <p>13 Q. -- alcohol and other drugs?</p> <p>14 A. Yes.</p> <p>15 Q. And part of Donna's e-mail to 16 Mr. Thompson says, second line, "We need to 17 create a budget or budgets to spend down the 18 past year's unspent funds."</p> <p>19 Do you see that?</p> <p>20 A. Yes, yes.</p> <p>21 Q. Okay. That's a term that 22 Ms. Barrett used to discuss AOD dollars with 23 other members of her division; you'd agree?</p> <p>24 A. She did.</p> <p>25 Q. And you certainly -- this is --</p>

<p style="text-align: right;">Page 98</p> <p>1 you'd agree that this is the concept we've been 2 talking about for the last few minutes?</p> <p>3 A. Yes.</p> <p>4 Q. Okay.</p> <p>5 A. That isn't how I refer to it, 6 though.</p> <p>7 Q. Okay.</p> <p>8 A. That's not how Donna Skoda would, 9 either.</p> <p>10 Q. Sure. But -- but when I used that 11 phrase --</p> <p>12 A. Yes, I understand.</p> <p>13 Q. -- you understood it?</p> <p>14 A. Yes.</p> <p>15 Q. And when you received this e-mail 16 from Ms. Barrett, you understood what they were 17 talking about?</p> <p>18 A. Yes.</p> <p>19 MS. KEARSE: And, again, she's 20 allowed to explain herself, that that's not her 21 terminology they use. And that was really -- 22 thinking you need to lay the foundation.</p> <p>23 MR. NAEEM: Anne, I was just 24 responding to your objection.</p> <p>25 MS. KEARSE: Right. I'm just --</p>	<p style="text-align: right;">Page 100</p> <p>1 A. Yes.</p> <p>2 Q. Roughly what years were you 3 employed by Cuyahoga County Board of Health?</p> <p>4 A. About 1997 until -- no, not -- I'm 5 sorry. I was at Metro from '91 to '97, and 6 Cuyahoga County from '98 until I came to the 7 health district -- well, came to Summit County 8 Public Health August of 2005, it looks like.</p> <p>9 Q. Okay. Did any of your employment 10 with Cuyahoga County Board of Health have 11 anything to do with providing substance abuse 12 services to members of the public?</p> <p>13 A. In Cuyahoga County? No.</p> <p>14 Q. Is that something that Cuyahoga 15 County Board of Health did during the time of 16 your employment?</p> <p>17 A. No.</p> <p>18 Q. So -- strike that.</p> <p>19 Do you know why Cuyahoga County 20 Board of Health didn't provide substance abuse 21 services during that time frame?</p> <p>22 A. No.</p> <p>23 Q. And just so that you and I are on 24 the same page, we've talked about a number of 25 programs that we're going to talk about a</p>
<p style="text-align: right;">Page 99</p> <p>1 notably, that that's not her terminology.</p> <p>2 Q. All right. What terminology would 3 you use, Ms. Block?</p> <p>4 A. I use "prior year program funds."</p> <p>5 Q. Is that the same term Donna Skoda 6 would use?</p> <p>7 A. I would think so, yes.</p> <p>8 Q. So other than the MAT clinic, are 9 there any programs that have been introduced 10 and funded based on prior year program funds 11 from the AOD services?</p> <p>12 A. Syringe exchange was supported by 13 some of those dollars. I believe we charged a 14 portion of Dr. Erme for some of the development 15 of Project DAWN, and also for the work we did 16 with naloxone and training the first 17 respond- -- well, the first responders, fire 18 and police. EMS.</p> <p>19 Q. Believe it or not, Ms. Block, we've 20 been talking about your CV.</p> <p>21 A. Uh-huh.</p> <p>22 Q. Very quickly, prior to com-- 23 prior to coming to Summit County Public Health, 24 you were employed by Cuyahoga County Board of 25 Health?</p>	<p style="text-align: right;">Page 101</p> <p>1 little bit more, provided through the community 2 health division --</p> <p>3 A. Okay.</p> <p>4 Q. -- of Summit Public Health.</p> <p>5 There are no counterpoints to those 6 programs that you're aware of at Cuyahoga 7 County Board of Health?</p> <p>8 A. Any of the programs from community 9 health?</p> <p>10 Q. Substance abuse-related.</p> <p>11 A. Oh, that's correct.</p> <p>12 Q. If we can -- if you can look at 13 Deposition Exhibit 3, is this an accurate 14 representation of how Summit Public Health is 15 currently organized?</p> <p>16 A. Yes, other than the fact that, as I 17 said, I've recently picked up human resources. 18 But that falls under administrative services, 19 so, yes.</p> <p>20 Q. Okay. And if we look at the 21 community health division, are there any 22 additional substance abuse services that we 23 would want to add to that list that are 24 currently being provided by Summit Public 25 Health?</p>

<p style="text-align: right;">Page 102</p> <p>1 A. Well, I don't see where they have 2 broken out Project DAWN. It doesn't look as 3 though the syringe exchange program is listed 4 out here specifically. Our MAT clinic is not 5 listed here specifically.</p> <p>6 Q. Okay.</p> <p>7 A. But in none of these, I don't 8 believe that in any of these divisions, every 9 single program that we have is listed out.</p> <p>10 Q. And to be fair, I'm simply trying 11 to get a starting point for our discussions --</p> <p>12 A. Okay.</p> <p>13 Q. -- on these services. So --</p> <p>14 A. Okay.</p> <p>15 Q. -- currently on the list there's 16 the alcohol drug counseling, there's the 17 prescription drug overdose prevention.</p> <p>18 A. Uh-huh.</p> <p>19 Q. There's the STARS Program. And 20 then you just added -- at least I wrote it down 21 and added to the list -- Project DAWN, syringe 22 exchange, and the MAT clinic.</p> <p>23 A. Correct.</p> <p>24 Q. Is there anything else with respect 25 to the substance abuse services provided by</p>	<p style="text-align: right;">Page 104</p> <p>1 that for 2019 calendar year?</p> <p>2 A. Well, they're in the planning 3 stages: looking at the staffing needs, 4 evaluation needs, time frame for hiring, that 5 sort of thing. They're not there yet.</p> <p>6 Q. Okay. And how long does that 7 grant -- how many years does that grant apply?</p> <p>8 A. I believe five years. I haven't 9 read that proposal, though, so.</p> <p>10 Q. Yeah. And, Ms. Block, I certainly 11 understand, and I'm only here to ask you 12 questions --</p> <p>13 A. Okay.</p> <p>14 Q. -- that you have personal knowledge 15 of.</p> <p>16 A. Okay.</p> <p>17 Q. If you don't, that's fine.</p> <p>18 A. Okay.</p> <p>19 Q. We can move on.</p> <p>20 A. Okay.</p> <p>21 Q. Do you recall how much that grant 22 was for?</p> <p>23 A. I believe it's about \$500,000 a 24 year.</p> <p>25 Q. And I'm sorry. I didn't write down</p>
<p style="text-align: right;">Page 103</p> <p>1 Summit Health that we need to add to this list?</p> <p>2 A. There's a recent SAMHSA grant. 3 That is a training for providers and outreach 4 and recovery coaches, I believe.</p> <p>5 There's a -- there are -- there are 6 several other programs that are not listed here 7 related to addiction services.</p> <p>8 Q. Okay.</p> <p>9 A. I probably couldn't tell you every 10 single one of them.</p> <p>11 Q. Let me ask whether they -- would 12 they fall within the general category of 13 prevention or treatment, which are already 14 listed here?</p> <p>15 A. Well, depending on how you look at 16 it, yeah, I think that either of them -- any of 17 them could fall into those two -- one of those 18 two categories.</p> <p>19 Q. So the SAMHSA grant --</p> <p>20 A. Uh-huh.</p> <p>21 Q. -- when was that awarded?</p> <p>22 A. Very recently. I'd say within the 23 last month to six weeks -- month to six weeks.</p> <p>24 Q. Okay. So have the programs 25 associated with that grant already begun, or is</p>	<p style="text-align: right;">Page 105</p> <p>1 the two things you said that the grant was 2 going to be used for. One sounded like 3 training. I didn't get the other one.</p> <p>4 A. For providers. I think it -- I 5 think -- I believe that it's heavily focused on 6 training for providers.</p> <p>7 Q. Is -- what kind of providers are we 8 talking about?</p> <p>9 A. Probably, more than anything, it 10 will be nurse practitioners and family practice 11 physicians. We've had a difficult time 12 recruiting enough psychiatrists. So, yeah, 13 we're going to have to train the people that 14 are here. That's going to be nurse 15 practitioners and family practice providers. 16 Maybe adult medicine.</p> <p>17 Q. Okay. And that's training for 18 what?</p> <p>19 A. For, hopefully, medicated-assisted 20 treatment. Some of it will be -- well, for the 21 most part, it's medicated-assisted treatment 22 for this grant.</p> <p>23 I know that there are -- there's 24 another grant that we have specifically for 25 working with emergency departments to identify</p>

<p style="text-align: right;">Page 106</p> <p>1 individuals who come through there and do a 2 formal handoff to a counseling program, so that 3 there's a sort of hard stop with their 4 electronic health records.</p> <p>5 Q. Okay.</p> <p>6 A. So outreach and training for the 7 SAMHSA grant, I believe.</p> <p>8 Q. Okay. As far as the -- the 9 training of providers on medication-assisted 10 treatment, is that to bring them within the 11 Summit Public Health program, or to allow them 12 to -- to provide those services to their 13 patients?</p> <p>14 A. Yes.</p> <p>15 Q. So --</p> <p>16 A. B.</p> <p>17 Q. -- as an example, the -- somebody 18 who's trained and now is able to prescribe that 19 and administer it to one of their patients --</p> <p>20 A. Yes.</p> <p>21 Q. -- there's no longer any connection 22 between that provider and Summit Public Health?</p> <p>23 A. Beyond the training?</p> <p>24 Q. (Nodding head.)</p> <p>25 A. I don't know what that -- I don't</p>	<p style="text-align: right;">Page 108</p> <p>1 I suppose, yes, because Donna Barrett's salary 2 has historically been taken from general 3 revenue, and Jackie's. So any work that they 4 did on it would be a GR draw.</p> <p>5 Q. And Jackie, you meant Jackie 6 Pollard?</p> <p>7 A. Yes.</p> <p>8 Q. Yeah, okay. Other than personnel 9 costs, any general revenue funds that will be 10 used to support the SAMHSA grant programs?</p> <p>11 A. No, not that I'm aware of.</p> <p>12 Q. Okay. Who preceded Donna Barrett? 13 Well, we already talked about this.</p> <p>14 It was you, right?</p> <p>15 A. That would be me, yes.</p> <p>16 Q. It's a long day for us, too. We're 17 just getting started.</p> <p>18 MS. KEARSE: That is the one thing 19 I told her. It will be a long day.</p> <p>20 THE WITNESS: Yeah.</p> <p>21 MR. NAEEM: I'll do my best, Anne, 22 but, you know what I said that last time, and 23 we still didn't get out of here until after 24 6:00, so...</p> <p>25 Q. If -- you know, what I'd like to</p>
<p style="text-align: right;">Page 107</p> <p>1 know the extent to which that connection would 2 continue.</p> <p>3 Q. And for the benefit of the jury, 4 can you -- can you let them know what is 5 SAMHSA? You don't have to --</p> <p>6 A. Substance Abuse Mental Health -- A, 7 I don't know what the A is.</p> <p>8 Q. Services Agency?</p> <p>9 A. Agency, yes.</p> <p>10 Q. And so that's a federal government 11 agency?</p> <p>12 A. Correct.</p> <p>13 Q. And will Summit Public Health be 14 using any general revenue funds to support 15 those two projects you described as being part 16 of the SAMHSA grant?</p> <p>17 A. I don't believe so.</p> <p>18 Q. If we go back to Exhibit 3, the 19 assistant health commissioner is Tonya Block. 20 You supervise five divisions. We're talking 21 about the director of community health. And 22 the current director is Donna Barrett?</p> <p>23 A. Correct.</p> <p>24 Q. Prior to --</p> <p>25 A. Well, and when you put it that way,</p>	<p style="text-align: right;">Page 109</p> <p>1 do, if possible, is kind of work from top to 2 bottom on revenue or budget --</p> <p>3 A. Okay.</p> <p>4 Q. -- for Summit Public Health --</p> <p>5 A. Okay.</p> <p>6 Q. -- and see if that's something that 7 you have knowledge of.</p> <p>8 And so if we use current year, 9 2018 --</p> <p>10 A. Okay.</p> <p>11 Q. -- do you know what the current -- 12 what -- what the budget is for Summit Public 13 Health, the entire organization?</p> <p>14 A. Including grants?</p> <p>15 Q. Everything.</p> <p>16 A. You mean everything?</p> <p>17 Q. Uh-huh.</p> <p>18 A. Geez -- I believe between 13 and 15 19 million.</p> <p>20 Q. And that's for the whole Summit 21 Public Health, or is that for the division of 22 community --</p> <p>23 A. Oh, you mean just for community 24 health?</p> <p>25 Q. No, no. I mean the whole</p>

<p style="text-align: right;">Page 110</p> <p>1 organization that Donna Skoda runs.      2 A. Yeah, I think -- I believe it's --      3 or is it 26? 26.      4 Q. 26?      5 And this isn't a math test. I'm      6 not -- you know, it's -- it's really, again,      7 to -- to your -- to the best of your knowledge.      8 How much of that -- and whether      9 it's a dollar number or a percentage --      10 A. Uh-huh.      11 Q. -- if you can give me, is part of      12 the community health division?      13 A. For 2018?      14 Q. Yeah.      15 A. Maybe -- maybe 3.5. That's an      16 estimate.      17 Q. Uh-huh. I understand. And no one      18 is going to stand up and, you know, hit you      19 with a ruler on your hands --      20 A. Okay.      21 Q. -- if you're wrong.      22 MS. KEARSE: Although, I am going      23 to advise you --      24 Q. At least I won't.      25 MS. KEARSE: -- by trying not to --</p>	<p style="text-align: right;">Page 112</p> <p>1 inspections, air quality, solid waste, just      2 septic and sewer systems, water quality,      3 tuberculosis, STDs, immunizations, emergency      4 preparedness, lead testing, vital statistics.      5 That's all I can think of right now.      6 Q. And that's perfectly fine.      7 A. Okay.      8 Q. Let me -- let me ask a related      9 question, and that is, is there anything listed      10 under services of the community health      11 department that are mandated by the State?      12 A. Well, adult protective services is.      13 Q. Anything else you're --      14 A. Well, I'm just thinking about it,      15 because we have been allocated funds by the      16 state to perform certain activities around      17 syringe exchange -- rather, not syringe      18 exchange, but naloxone and Project DAWN. It's      19 not written into Revised Code, but the State      20 has -- that responsibility has been devolved      21 down from the state.      22 Q. Okay. Well, let me -- let me      23 ask -- let me ask a different way.      24 Certainly Summit Public Health has      25 to provide services related to grants awarded</p>
<p style="text-align: right;">Page 111</p> <p>1 you know, not to guess on that, too.      2 MR. NAEEM: That's fair.      3 MS. KEARSE: You may not stand up      4 and do that, but someone else may.      5 Q. One thing, you know, and -- and I      6 know -- I already know I'm going to get an      7 objection for saying this, but one of the      8 things Donna Skoda said at her deposition was      9 that there were certain programs within Summit      10 Public Health that were mandated by the State.      11 MS. KEARSE: And I'm going to      12 object to -- to form. And I think the witness      13 already testified she did not read Ms. Skoda's      14 testimony.      15 MR. NAEEM: Right.      16 MS. KEARSE: So to the extent, I'll      17 object to the form.      18 Q. Are there programs that are      19 required by Summit Public Health to be funded      20 and provided because of the State?      21 A. Yes.      22 Q. Okay. Can you describe for me what      23 those are, at a high level, at least?      24 A. Uh-huh. Well, we're responsible      25 for sanitation, so certainly restaurant</p>	<p style="text-align: right;">Page 113</p> <p>1 by the State of Ohio?      2 A. Yes.      3 Q. All right. But if those grant      4 funds weren't -- hadn't been awarded, would      5 Summit Public Health be required to provide      6 Project DAWN facilities?      7 A. That decision would have been left      8 to the health commissioner. So, for example,      9 before the legislation changed, we did not have      10 the authority to establish a syringe exchange      11 program without declaring a state of emergency,      12 but the health commissioner at the time decided      13 that's what was going to happen, so we moved      14 forward. So it wasn't mandated by the State at      15 the time, but it's something that, at the local      16 level, every health commissioner has the      17 responsibility or authority to make those      18 determinations.      19 Q. And is that the same for what      20 happened with Project DAWN?      21 A. Project DAWN was -- hmm, let me      22 think. Do you mean that we decided to do it at      23 the local level before it was funded by the      24 State?      25 Q. Does the State mandate that Summit</p>

<p style="text-align: right;">Page 114</p> <p>1 Public Health provide Project DAWN services to 2 citizens in Summit County?</p> <p>3 A. Well, they allocate funds for us to 4 do it.</p> <p>5 Q. And once you get the funds, you 6 have to provide the services.</p> <p>7 A. Correct.</p> <p>8 Q. But if the State didn't provide the 9 funds, would someone have --</p> <p>10 A. We would have to make a decision at 11 the local level as to whether or not we were 12 going to do it.</p> <p>13 Q. So I -- we were talking about 14 services in the community health division, and 15 I think the only one you said mandated by the 16 State was adult protective services.</p> <p>17 For all of those -- for that and 18 for the other list you gave me that are 19 mandated by the State, does the State provide 20 revenue for those?</p> <p>21 A. No, not all of them.</p> <p>22 Q. What are the other sources of 23 revenue to pay for, for example, childhood 24 immunizations?</p> <p>25 A. Oh, they do provide funding for</p>	<p style="text-align: right;">Page 116</p> <p>1 A. Well, the ADM was. 2 Q. Okay. 3 A. Isn't that what you asked me about 4 back towards the -- 5 Q. I did at the time, right. 6 A. Okay. But it's not the only 7 program that we may have a contract for. 8 Q. Well, what -- what line item 9 would -- other -- other than grants, would 10 contracts fit into? 11 A. I'm sorry. Would you say that 12 again? 13 Q. Yeah. So we're looking at page 14 4 -- 15 A. Yes. 16 Q. -- of Exhibit 1 -- 17 A. Yes. 18 Q. -- and the revenue line items. 19 You're right that we did talk about the ADM 20 contract being within the grants line item. 21 A. Uh-huh. 22 Q. I'm just saying, what other line 23 item would -- 24 A. A contract fall into? 25 Q. -- a contract fall into?</p>
<p style="text-align: right;">Page 115</p> <p>1 that. But, as an example, they don't provide 2 funding for food safety. We set fees for that 3 based on a cost methodology, number of staff we 4 have, the number of restaurants that need to be 5 inspected, things of that nature.</p> <p>6 Q. So it's program by program?</p> <p>7 A. Yes.</p> <p>8 Q. Okay. Generally, would it be 9 accurate to state that it's either paid for by 10 general revenue, grants, or fees?</p> <p>11 A. Or contracts.</p> <p>12 Q. Contracts. What's an example of a 13 contract that --</p> <p>14 A. Well, we've got the contract with 15 the ADM Board, for example, that we bill 16 against. We have -- we, in any given year, 17 might get contracts with, let's say, a 18 community foundation to support some of the 19 coalition work that we have. I think of 20 contracts that we've got now, any number of 21 contracts come through.</p> <p>22 Q. And when we looked at Deposition 23 Exhibit 1, I thought we agreed that those 24 contracts were accounted for as grants in the 25 line item? Page 4 of Exhibit 1.</p>	<p style="text-align: right;">Page 117</p> <p>1 A. I see. Okay, yes. Based on the 2 way it's set up here, that's correct, grants. 3 Q. Within the community health -- we 4 were talking about 2018. You said roughly the 5 community health budget was 3.5 million. 6 Do you know how much of that 7 relates to substance abuse-related services 8 versus any other things you're providing? 9 A. Uh-huh. I don't. I don't want to 10 guess. I'm sorry. Angela could tell you that, 11 though. 12 Q. And in the -- in the -- budget 13 documents that are worked up by the division 14 directors, would -- would that level of detail 15 be provided? 16 A. No. There's just -- 17 Q. Program related? 18 A. There's just -- so in those budgets 19 that they're presenting, it lists out the total 20 program cost. It will ask for the general 21 revenue draw and just give a one lump sum 22 balance. So the balance of what they're asking 23 for in general revenue and the total amount for 24 the budget is a number, but that number could 25 be made up of multiple program funding sources.</p>

<p style="text-align: right;">Page 118</p> <p>1 So, no.</p> <p>2 Q. Okay. So what would you call those</p> <p>3 documents that are used in that process that</p> <p>4 the division director produces? Is there a</p> <p>5 formal spreadsheet or a formal --</p> <p>6 A. Well, they --</p> <p>7 Q. -- document?</p> <p>8 A. Yeah. They will get a template for</p> <p>9 a salary projection so that they can plug the</p> <p>10 staff in to determine what the costs are going</p> <p>11 to be for the upcoming year. They get</p> <p>12 information about charges for -- each of them</p> <p>13 gets charged a percentage of their total budget</p> <p>14 for facilities and electricity, and maybe IT,</p> <p>15 maybe not. You know, in some years we charge</p> <p>16 it one way. On other years, we charge it a</p> <p>17 different way.</p> <p>18 But at -- those administrative</p> <p>19 costs, they get all of that information. They</p> <p>20 get information about the benefits packet and</p> <p>21 whether or not there's going to be an increase</p> <p>22 for medical insurance and things of that</p> <p>23 nature. So they're given all of that</p> <p>24 information, and that's what they use to</p> <p>25 determine their costs for the following year.</p>	<p style="text-align: right;">Page 120</p> <p>1 Q. Would you agree with me that the</p> <p>2 majority of funds used for substance abuse</p> <p>3 services come from ADM?</p> <p>4 MS. KEARSE: Object to form.</p> <p>5 A. I -- I don't know that I could</p> <p>6 agree that a majority -- I couldn't agree or</p> <p>7 disagree. I know it's primarily -- it's split</p> <p>8 three ways, for the most part. That would be</p> <p>9 the ADM Board, Medicaid, and private insurance.</p> <p>10 Q. Which, when you say it that way,</p> <p>11 suggests to me that no general revenue is</p> <p>12 provided for --</p> <p>13 A. The counseling services?</p> <p>14 Q. -- any substance abuse-related</p> <p>15 services. We can talk about program level,</p> <p>16 too, and we will.</p> <p>17 A. Uh-huh.</p> <p>18 MS. KEARSE: Object to form.</p> <p>19 Q. But I was simply asking all</p> <p>20 substance abuse-related programs.</p> <p>21 A. Oh, I thought you meant counseling</p> <p>22 services when you said ADM.</p> <p>23 Q. Well, okay. Then strike that and</p> <p>24 let me ask it.</p> <p>25 Other than ADM, Medicaid, and</p>
<p style="text-align: right;">Page 119</p> <p>1 Q. Okay. And ultimately, when the</p> <p>2 health commissioner goes to the board to</p> <p>3 present a budget, is there a formal document</p> <p>4 for that?</p> <p>5 A. Yes. It's a -- yes.</p> <p>6 Q. Is it that spreadsheet we just</p> <p>7 looked at, or is it --</p> <p>8 A. It's the -- yeah.</p> <p>9 Q. Okay. So, for example, Exhibit 1</p> <p>10 is a presentation that would be given to the</p> <p>11 board?</p> <p>12 A. Yes. And they -- and this is just</p> <p>13 an overview. They more than likely get a far</p> <p>14 more detailed in their packet, in their board</p> <p>15 packet. This is just what's, you know,</p> <p>16 reviewed with finance and personnel.</p> <p>17 Q. But there is -- there is a document</p> <p>18 that's provided to the board that allows them</p> <p>19 to go through the expenses being requested?</p> <p>20 A. Yes.</p> <p>21 Q. Okay. On a general revenue basis,</p> <p>22 do you know how much money Summit Public Health</p> <p>23 provides for the provision of substance abuse</p> <p>24 services?</p> <p>25 A. I don't. Angela would know that.</p>	<p style="text-align: right;">Page 121</p> <p>1 private insurance, are there any sources of</p> <p>2 funds used for the provision of counseling</p> <p>3 services?</p> <p>4 A. So could you define "provision"?</p> <p>5 Because as I said, we covered Jackie and Donna</p> <p>6 Barrett and the medical director with general</p> <p>7 revenue services, but they don't provide direct</p> <p>8 counseling services. So when you say provision</p> <p>9 of services, I -- I equate that to a counselor</p> <p>10 providing services.</p> <p>11 Q. Okay. Other than Dr. Erme, Jackie</p> <p>12 Pollard, and Donna Barrett --</p> <p>13 A. Uh-huh.</p> <p>14 Q. -- and their salaries and benefits,</p> <p>15 is there any other general revenue used to</p> <p>16 support the counseling services provided by</p> <p>17 Summit Public Health?</p> <p>18 A. If there is, I don't know. Angela</p> <p>19 could tell you more. She could give you a much</p> <p>20 more accurate number than I could.</p> <p>21 - - - - -</p> <p>22 (Thereupon, Deposition Exhibit 5,</p> <p>23 Document Titled "Summit County</p> <p>24 Public Health FY2018 Funding</p> <p>25 Application Summary,"</p>

<p style="text-align: right;">Page 122</p> <p>1       SUMMIT_000077684 to 000077696, was 2       marked for purposes of 3       identification.) 4       - - - - - 5       Q. Okay. Ms. Block, my intent is not 6       to belabor the point, but I'm handing you 7       what's been marked as Deposition Exhibit 5. 8       And do you recognize this as a portion of the 9       application for revenue from ADM for fiscal 10      year 2018? 11      A. I do not. But I didn't look at 12      that at all. 13      Q. Okay. That -- that's not something 14      that you're involved in in your current role? 15      A. I did not review their application, 16      no. But the format, I'm familiar with. 17      Q. Okay. Is this something that in 18      your prior -- prior role as director of the 19      community health division, you would have been 20      involved in? 21      A. I am familiar with, yes, the 22      document, but it was the program supervisor 23      that put it together. 24      Q. Okay. So -- so within Summit 25      Public Health, when you are preparing for the</p>	<p style="text-align: right;">Page 124</p> <p>1       A. Uh-huh. 2       Q. -- and Project DAWN. Do you see 3       that? 4       A. Uh-huh. 5       Q. And you recognize those all as 6       substance abuse services provided by Summit 7       Public Health? 8       A. Yes. 9       Q. Okay. If we look at the treatment 10      portion, would you agree with me that this 11      document, Exhibit 5, suggests -- or, I'm 12      sorry -- indicates that 43 percent of the funds 13      provided for treatment are from ADM funds? 14      A. Yes. 15      Q. Now, the other -- 16            MS. KEARSE: Object to the form. 17            The document is speaking for itself. I think 18            Ms. Block already said she has not seen this 19            particular document before. 20      Q. The other 57 percent, that would 21      come from the Medicaid or private insurance as 22      we just discussed a few minutes ago? 23      A. I don't know. 24      Q. Okay. If we went -- so prevention, 25      it's 88 percent funded by ADM. You'll see that</p>
<p style="text-align: right;">Page 123</p> <p>1 coming fiscal year and you are preparing the 2 application for ADM -- not you -- not you 3 literally, but -- 4       A. Right. 5       Q. -- Summit Public Health -- 6       A. Yes. 7       Q. -- that's done by the program 8       director-level person? 9       A. Yes. 10      Q. Which currently, for example, would 11      be Jackie Pollard? 12      A. Correct. And -- or Griffin Brown, 13      who's the supervisor. 14      Q. Okay. 15      A. Yeah. 16      Q. Her or her staff would prepare 17      this? 18      A. Yes. 19      Q. If we look at page 1 of Exhibit 5, 20      you'll see it's broken down into certain 21      programs, services provided by Summit Public 22      Health. 23      A. Uh-huh. 24      Q. Treatment prevention, Quick 25      Response Team --</p>	<p style="text-align: right;">Page 125</p> <p>1 on the -- 2            MS. KEARSE: Counsel, I think I'm 3       going to object. She's already testified she 4       doesn't know that -- what -- the document -- 5            MR. NAEEM: I understand. 6            MS. KEARSE: -- what's on it, you 7       can say what's on the document. She doesn't 8       know the substance or how the numbers came 9       about. 10          MR. NAEEM: I appreciate your 11       objection, Anne. I'm still going to ask my 12       questions. 13          Q. Exhibit 5, page 1, prevention, it 14       indicates that 88 percent of the revenue comes 15       from ADM funds; you'd agree? 16          A. It does indicate that. 17          Q. If I asked the same question about 18       the other 12 percent, where -- where that comes 19       from, would you know one way or the other? 20          A. I do not. 21          Q. Quick Response Team funded 79 22       percent by ADM funds. Do you see that on page 23       1? 24          A. Yes. 25          Q. The same question about the other</p>

<p>1 21 percent.</p> <p>2 MS. KEARSE: The same objection.</p> <p>3 The document speaks for itself.</p> <p>4 Q. Do you know where that revenue</p> <p>5 comes from?</p> <p>6 A. I do not.</p> <p>7 Q. Okay. If we flip through and we</p> <p>8 get to -- actually, at the top of the page, it</p> <p>9 will say page 184 of 206.</p> <p>10 A. Yes.</p> <p>11 Q. Could you just briefly look through</p> <p>12 the prevention program summaries, and I just --</p> <p>13 the bolded text: the school program, summer</p> <p>14 program, ATOD, education program, community</p> <p>15 collaborations. And I'll let you know what my</p> <p>16 question is going to be so you can have the</p> <p>17 appropriate context.</p> <p>18 I want to know whether there --</p> <p>19 whether these are essentially the same programs</p> <p>20 that Summit Public Health has been providing</p> <p>21 since 2001.</p> <p>22 A. 2001?</p> <p>23 Q. 2001. I -- I want to know how</p> <p>24 those -- the prevention programs have changed</p> <p>25 over time.</p>	<p>Page 126</p> <p>1 A. I'm sorry.</p> <p>2 Q. And I'm sorry.</p> <p>3 A. Yeah, okay.</p> <p>4 Q. Let me -- let me, to clear it up on</p> <p>5 the record --</p> <p>6 A. Okay.</p> <p>7 Q. -- let me ask it again.</p> <p>8 A. Okay.</p> <p>9 Q. With respect to the prevention</p> <p>10 programs --</p> <p>11 A. Yes, school programs --</p> <p>12 Q. -- currently being offered by</p> <p>13 Summit Public Health --</p> <p>14 A. Yes.</p> <p>15 Q. -- would you agree with me that</p> <p>16 they're all general to alcohol, tobacco, and</p> <p>17 other drugs?</p> <p>18 A. No.</p> <p>19 MS. KEARSE: Object to form.</p> <p>20 A. We've got one prevention specialist</p> <p>21 on staff, and she was sent for training. She</p> <p>22 went through a training -- I don't -- maybe in</p> <p>23 2013 called -- maybe it's called Straight Talk.</p> <p>24 Let's Start -- Start Talking!, which is a</p> <p>25 state-sponsored training specifically for</p>
<p>1 A. So it's likely that I can't -- I</p> <p>2 couldn't go back that far. We didn't pick this</p> <p>3 program up until we picked up the Akron Health</p> <p>4 Department. So --</p> <p>5 Q. Okay.</p> <p>6 A. -- I -- I can't tell you that</p> <p>7 they've been --</p> <p>8 Q. Fair enough. Let -- let me ask</p> <p>9 it -- let me ask it a different way, then.</p> <p>10 For the portion of time that Summit</p> <p>11 Public Health has been providing prevention</p> <p>12 services, have there been any programs</p> <p>13 specifically addressing the opioid abuse and</p> <p>14 addiction issues in Summit County?</p> <p>15 A. Okay. I'm sorry. Say that again.</p> <p>16 Q. Yeah. That's a bad -- that's a</p> <p>17 terrible question.</p> <p>18 Are there any Summit -- currently,</p> <p>19 in 2018, any Summit Public Health prevention</p> <p>20 programs specifically targeting opioid</p> <p>21 addiction? Again --</p> <p>22 A. Like the MAT?</p> <p>23 Q. No. Just prevention programs.</p> <p>24 A. Prevention.</p> <p>25 Q. I'm talking about prevention.</p>	<p>Page 127</p> <p>1 opiate prevention. So she did get trained in</p> <p>2 that. It was -- she was supposed to integrate</p> <p>3 what she learned in that into some of her</p> <p>4 school-based programs. So that is what I'm</p> <p>5 aware of.</p> <p>6 Q. Okay. And -- and --</p> <p>7 A. In terms of how programs have</p> <p>8 changed.</p> <p>9 Q. Sure. And I appreciate that. And</p> <p>10 let me ask a different question.</p> <p>11 Is there any prevention program</p> <p>12 being provided by Summit Public Health that</p> <p>13 addresses only opioids?</p> <p>14 A. You don't mean school-based</p> <p>15 prevention; you mean any prevention?</p> <p>16 Q. Any prevention programs. And</p> <p>17 I'm -- I'm not talking about --</p> <p>18 A. Project DAWN --</p> <p>19 Q. -- maybe an -- just prevention</p> <p>20 programs.</p> <p>21 A. Yes. Well, see, it depends on how</p> <p>22 you look at it, because --</p> <p>23 Q. Well, I'm looking at --</p> <p>24 A. -- we view Project DAWN -- you mean</p> <p>25 school-based?</p>

<p style="text-align: right;">Page 130</p> <p>1 Q. Well, so we're looking at --      2 A. You're looking at prevention.      3 Q. -- Exhibit 5.      4 A. Okay.      5 Q. And under "Treatment" --      6 A. Yes.      7 Q. -- Project DAWN is listed.      8 A. Right.      9 Q. It's not listed under "Prevention."      10 MS. KEARSE: But you're asking her      11 on her interpretation on that. So there's two      12 different things. You're asking her to read      13 three pages of a document, but you're also      14 asking her open-ended questions on whether or      15 not public health does prevention.</p> <p>16 So you're asking it two different      17 ways. Either read it off the document or what      18 she -- this witness knows about. So enter --</p> <p>19 MR. NAEEM: Well, to be fair, I'm      20 only asking it one way.</p> <p>21 MS. KEARSE: Well, she just -- she      22 just testified that Project --</p> <p>23 MR. NAEEM: It could be -- it could      24 be interpreted two ways, perhaps, Anne. But I,      25 again, appreciate the speaking objection.</p>	<p style="text-align: right;">Page 132</p> <p>1 Q. And near the top, you'll see      2 there's a new subsection for treatment.      3 A. Yes.      4 Q. Okay. And underneath that, first      5 one is "outpatient therapy program"?</p> <p>6 A. Yes.      7 Q. Inpatient, outpatient -- "intensive      8 outpatient" is the next, correct?      9 A. Uh-huh.      10 Q. If we flip to page 12, the next one      11 is Quick Response Team?      12 A. Uh-huh.      13 Q. And then the last one is Project      14 DAWN. Agreed?      15 A. Yes.      16 Q. Okay. So in communicating with ADM      17 for revenue requests, Summit Public Health      18 considers Project DAWN a treatment program?      19 MS. KEARSE: Object to form and      20 asked and answered.      21 A. The author of this structured the      22 grant in that way. As I said, I -- I view      23 Project DAWN as an overdose prevention program,      24 to prevent opiate deaths. I can see where they      25 have it listed here.</p>
<p style="text-align: right;">Page 131</p> <p>1 MS. KEARSE: Well, to the extent      2 that Project Dawn's prevention is in her --      3 MR. NAEEM: I do -- I do appreciate      4 what you're saying.      5 Q. So let me ask, does Summit Public      6 Health, in communicating with ADM about funding      7 requests, consider Project DAWN to be      8 prevention or treatment?      9 A. I would list that as a prevention      10 program preventing overdose -- yeah, preventing      11 overdoses. And I see that they had it listed      12 here. But, again, that's my -- my      13 interpretation would be that it's an overdose      14 prevention program.      15 Q. Does it treat people who have      16 overdosed?      17 A. Who have overdosed?      18 Q. Right.      19 A. Yeah.      20 Q. So is it prevention or treatment?      21 A. Preventing -- well, preventing      22 overdose deaths.      23 Q. Okay. Well, let's look at page 11      24 of this -- of Exhibit 5.      25 A. Okay.</p>	<p style="text-align: right;">Page 133</p> <p>1 I didn't -- I was not part of      2 writing this. I don't --      3 Q. Okay.      4 A. -- know that I can tell you      5 anything else about it.      6 Q. Well --      7 A. How they -- how they listed it.      8 Q. Within the -- are you -- are you      9 suggesting to me that within the public health      10 administration, that prevention services      11 includes providing medication?      12 A. I think it depends on the -- what?      13 I'm sorry. Go on.      14 Q. Providing medication, is that      15 considered a prevention service?      16 A. I think that if you can provide a      17 medication that will prevent a death,      18 that's prevention.      19 Q. Okay. Well, I'm talking about term      20 of art.      21 A. Okay.      22 Q. Is -- is -- in the public health      23 government situation, is prevention services a      24 term of art?      25 A. I don't know what that means.</p>

<p style="text-align: right;">Page 134</p> <p>1 Q. Does it have a specific meaning?      2 If you go to the Cuyahoga County Board of      3 Health and ask them, "What kind of prevention      4 services are you providing?"      5 A. There's a framework for prevention.      6 There's a framework for treatment.      7 Q. And within that framework, where      8 does Project DAWN fit?      9 A. I think it depends on the lens that      10 you're looking through, I think. But for the      11 most part -- this -- I'm not saying that this      12 doesn't make sense. Is that -- I don't have to      13 argue that with you. I don't --      14 Q. Well, I -- I --      15 A. -- I'm not saying it doesn't --      16 Q. -- can only rely on the documents      17 that have been provided to us --      18 A. Okay. But I'm --      19 Q. -- but it -- and actually doesn't      20 matter for the --      21 A. Okay.      22 Q. -- purposes of this examination.      23 With -- with respect to the      24 prevention programs listed on Exhibit 5,      25 excluding Project DAWN, are there any programs</p>	<p style="text-align: right;">Page 136</p> <p>1 opioid-specific program, would you agree?      2 A. Yes.      3 Q. Do you recall when Summit Public      4 Health implemented Project DAWN?      5 A. I recall the process. I don't      6 recall the month and the year. I recall the      7 process we went through.      8 Q. Okay. And do -- do you remember      9 the year when actually Summit began training      10 and/or providing the Project DAWN kits?      11 And I'm only asking because you      12 said month and year. I just want to make sure      13 you don't remember the year.      14 A. No.      15 Q. Just the year. You don't?      16 A. No.      17 Q. Does -- well, if we look at      18 Exhibit 5, page 1, we can see that 100 percent      19 of Project DAWN is funded by ADM funds. Do you      20 see that?      21 A. I do.      22 Q. In any year prior to 2018, was that      23 somehow different?      24 A. Yes.      25 Q. Okay.</p>
<p style="text-align: right;">Page 135</p> <p>1 that focus strictly on opioid addiction issues?      2 A. In the prevention arena? In the      3 prevention category? No.      4 Q. Okay. Would you agree with me that      5 these prevention programs, the school programs      6 and the other ones listed under "Prevention,"      7 would still be provided by Summit Public Health      8 regardless of the outcome of opioid      9 addiction --      10 MS. KEARSE: Object to the form.      11 Q. -- crisis --      12 MS. KEARSE: Speculation.      13 Q. -- in Summit County?      14 A. That we would still provide      15 prevention services in the schools?      16 Q. Yeah.      17 A. Yes.      18 Q. I'm sorry. Was that yes, the      19 answer to the question?      20 A. Yes, yes.      21 Q. Yeah, okay. Thanks.      22 If we were to talk about -- well,      23 strike that.      24 You did mention Project DAWN, of      25 course, and that is obviously an</p>	<p style="text-align: right;">Page 137</p> <p>1 A. I recall the state providing      2 funding for it.      3 Q. Okay. Has there been any point in      4 time where Summit Public Health provided      5 general revenue funds for Project DAWN that you      6 recall?      7 A. I -- I -- I believe that just when      8 we're looking at salaries, Dr. Erme, Yvette      9 Edwards, those would -- that would be the      10 primary source of general revenue dollars.      11 Q. Okay. I don't believe we've used      12 Yvette Edwards' name. Who -- who is      13 Ms. Edwards?      14 A. She's a former supervisor for the      15 counseling program.      16 Q. Okay. You did use a supervisor's      17 name recently, I'm sorry. I'm looking though      18 my --      19 A. Griffin Brown? Griffin Brown?      20 Q. Griffin Brown.      21 A. Yes.      22 Q. Okay. So he took over for Yvette?      23 A. Jackie came in, and then sometime      24 thereafter we picked up Griffin.      25 Q. Okay. I want to make sure this is</p>

<p style="text-align: right;">Page 138</p> <p>1 clear on the record -- and I promise I won't      2 ask you about every employee -- but when --      3 when I asked about general revenue, you      4 mentioned -- and we'd talked about this      5 before -- that a portion of their salary and      6 benefits is general revenue. For example, for      7 Yvette Edwards, you used her name.      8 A. Because she's management.      9 Q. Okay. And -- and I just --      10 A. Oh, I see what you mean.      11 Q. No, no. Hold on. Let me -- let me      12 just make sure we -- we get some clean      13 questions and answers on that.      14 A. Okay.      15 Q. So if we're talking about Project      16 DAWN, Yvette Edwards was somebody who was      17 involved with Project DAWN.      18 A. Yes.      19 Q. Okay. Now, when we talk about      20 Yvette Edwards' salary and benefits, a portion      21 of that comes from general revenue.      22 A. Correct.      23 Q. Did some of that come from the      24 Project DAWN funds received by ADM or the      25 state?</p>	<p style="text-align: right;">Page 140</p> <p>1 A. Correct. But I just --      2 Q. It depends on what they do?      3 A. Yeah.      4 Q. Yes?      5 A. Yes.      6 Q. And how what they do is paid for,      7 correct?      8 A. Yes. But -- so this, I think,      9 is -- I don't want to say that it's deceptive,      10 but this only speaks to how we broke out the      11 programs that we provided.      12 So, for example, if this were the      13 year, let's call it 2016, when we established      14 Project DAWN -- let's call it 2017 -- if this      15 split wasn't 100 percent and 0 percent, Yvette      16 Edwards or Griffin Brown could have worked on      17 that project and not been charged to the ADM      18 contract.      19 I just -- the ADM Board will tell      20 us how many funds are available for our      21 behavioral health services, and we fit into it      22 program areas, how much we think we're going to      23 need in each area. But it may or may not cover      24 the full cost of all the services. So I just      25 wanted to make sure that was clear.</p>
<p style="text-align: right;">Page 139</p> <p>1 Let me ask it a different way.      2 Was a portion of Yvette Edwards'      3 salary and benefits attributable to funds other      4 than general revenue?      5 A. I don't know.      6 Q. Okay. As a general matter, within      7 Summit Public Health and the provision of      8 substance abuse-related services, is it true      9 that some of the salary and benefits for Summit      10 employees are paid using the funds that provide      11 the services as well?      12 A. Yes.      13 Q. Okay. And we'd need a spreadsheet      14 to see, but we could actually, within Summit      15 Public Health's records --      16 A. Uh-huh.      17 Q. -- pick an employee and see where      18 the revenue for their salary and benefits came      19 from?      20 A. Yes.      21 MS. KEARSE: Object to form.      22 Q. Okay. I'm just trying to get an      23 understanding of how the organization works.      24 Not every employee is paid strictly      25 by general revenue funds?</p>	<p style="text-align: right;">Page 141</p> <p>1 Q. Okay. And I -- and what I want to      2 do is --      3 A. Yeah.      4 Q. -- is make sure, organizationally,      5 I get an understanding from you about where      6 other sources of funds, particularly the      7 general revenue funds --      8 A. Uh-huh.      9 Q. -- are used in the provision of the      10 services or the employee benefits --      11 A. Uh-huh.      12 Q. -- and salary for people who are      13 involved in that.      14 A. Right.      15 Q. Okay.      16 A. For the most part, it would be      17 management-level individuals. If we needed to      18 charge to general revenue, more likely than      19 not, those are the individuals that would be      20 charged.      21 And we have not, to date, to my      22 knowledge, fallen short in the AOD unit until      23 this year. This year, we're running behind      24 because of the behavioral health redesign, and      25 maybe other factors.</p>

<p style="text-align: right;">Page 142</p> <p>1        But this year Donna Barrett has 2 come to me as late as June or July to say we're 3 running behind. Our charges seem to be 4 accurate, but our reimbursement is not matching 5 it. So I don't know what that's going to mean 6 at the end of the year.</p> <p>7        Q.    Okay.</p> <p>8        A.    If that's the case, then general 9 revenue would need to cover the cost or we'd 10 have to reduce staff. So that's the way that 11 works.</p> <p>12      Q.    Okay. We were talking about 13 Project DAWN.</p> <p>14      A.    Uh-huh.</p> <p>15      Q.    Do you know whether Summit Public 16 Health tracks any demographic information 17 regarding the people who are issued the Project 18 DAWN kits?</p> <p>19      A.    We track infor- -- we do track 20 data. I don't know how far they drilled down 21 for that. I don't know if they get the name, 22 address, and phone number of the individuals. 23           They may just get, you know, the 24 number of kits that were distributed, the 25 number of individuals trained, the number of</p>	<p style="text-align: right;">Page 144</p> <p>1 programs. The Ohio Injury Prevention grant, 2 she oversees syringe exchange, and -- and 3 Project DAWN.</p> <p>4        Q.    Okay.</p> <p>5        A.    Griffin provides direct supervision 6 to the counseling, the counselors.</p> <p>7        Q.    Syringe exchange, which is not 8 listed on Exhibit 5, we've talked about it a 9 little bit. It is a program provided through 10 the community health division.</p> <p>11      A.    Uh-huh.</p> <p>12      Q.    Do you know whether records are 13 kept regarding the patients or the clients who 14 exchange needles through that program?</p> <p>15      A.    Probably -- not records. I'm sure 16 they don't provide records. I'm sure we don't 17 collect that type of information.</p> <p>18           Just probably -- definitely the 19 number of syringes that were dispensed.</p> <p>20      Q.    Okay. And -- and to be clear, 21 I'm -- I'm currently asking about whether 22 patient demographic data --</p> <p>23      A.    Is collected?</p> <p>24      Q.    -- is collected for --</p> <p>25      A.    I don't --</p>
<p style="text-align: right;">Page 143</p> <p>1        people who come back to get a refill, if you 2 will, because it's been used. And I don't know 3 that they get name, address, and that sort of 4 thing.</p> <p>5        Q.    Okay. Let -- okay. And is that 6 information kept in an electronic database, or 7 is it -- are they hard-copy documents?</p> <p>8        A.    I don't know.</p> <p>9        Q.    Do you know whether the information 10 that may be kept includes the type of drug that 11 the -- the person or the family member might 12 have used and needed the Dawn reversal for?</p> <p>13      A.    I don't think so.</p> <p>14      Q.    To the extent that you had to find 15 that information out, would you ask Griffin 16 Brown, or is there somebody else that you would 17 ask to answer that question?</p> <p>18      A.    I would probably ask Angela Genet.</p> <p>19      Q.    She is -- you described her as the 20 program coordinator --</p> <p>21      A.    Program coordinator.</p> <p>22      Q.    -- for the syringe program. She 23 also has involvement with Project DAWN?</p> <p>24      A.    Yeah. She is a program 25 coordinator, and so she oversees various</p>	<p style="text-align: right;">Page 145</p> <p>1        Q.    -- the syringe program?</p> <p>2        A.    Yes, and I'm sure it is not.</p> <p>3        Q.    Okay. So to your knowledge, 4 there's no record that would tell us that a 5 certain percentage of those were for heroin 6 versus some other injectable substance?</p> <p>7        A.    No.</p> <p>8        Q.    The medication-assisted treatment, 9 we talked about it just briefly. I want to 10 follow up a little bit on that.</p> <p>11           When did that program start?</p> <p>12      A.    2018.</p> <p>13      Q.    At the time we spoke with Donna 14 Skoda, she described, essentially -- and so 15 this was in August of 2018 -- that there had 16 been a small group that had worked through that 17 program for part of certification purposes.</p> <p>18           Does that sound familiar to you?</p> <p>19      A.    A small what?</p> <p>20      Q.    A small subset of patients, I think 21 she said 6 to 10, that were part of the kind of 22 certification --</p> <p>23      A.    Yes.</p> <p>24      Q.    -- for that program.</p> <p>25      A.    Yes.</p>

<p style="text-align: right;">Page 146</p> <p>1 MS. KEARSE: Object to the form.</p> <p>2 Q. Has the MAT clinic progressed</p> <p>3 beyond that initial certification?</p> <p>4 A. Yes.</p> <p>5 Q. All right. Do you know how many</p> <p>6 patients are currently being treated through</p> <p>7 that program?</p> <p>8 A. I do not.</p> <p>9 Q. Is that program run by Dr. Erme?</p> <p>10 A. No. Dr. Erme retired. It's --</p> <p>11 it's -- Jackie oversees the clinic, the MAT</p> <p>12 clinic, but that's a joint venture between our</p> <p>13 actual clinic services. We use their nurses</p> <p>14 and Jackie. So it sort of straddles both.</p> <p>15 Q. Okay. So -- so Jackie Pollard</p> <p>16 supervises that? Is that an okay word to use?</p> <p>17 Is that what you'd use? She doesn't -- she</p> <p>18 can't give the shots, for example.</p> <p>19 A. Correct. We essentially purchase a</p> <p>20 nurse from the clinic.</p> <p>21 Q. Okay. So she's a Summit Public</p> <p>22 Health employee?</p> <p>23 A. The nurse?</p> <p>24 Q. Yes.</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 148</p> <p>1 Q. -- would you know?</p> <p>2 A. -- don't --</p> <p>3 MS. KEARSE: Object to form. Asked</p> <p>4 and answered.</p> <p>5 A. Yeah, I don't know, but I don't --</p> <p>6 I don't know.</p> <p>7 Q. Do you know how many patients are</p> <p>8 currently in that program?</p> <p>9 A. No.</p> <p>10 Q. Do you know are there any</p> <p>11 restrictions regarding the types of patients</p> <p>12 who are allowed to be enrolled in that program?</p> <p>13 A. Do you mean based on the type of</p> <p>14 addiction they have?</p> <p>15 Q. Type of addiction or the status of</p> <p>16 their addiction in terms of whether they're</p> <p>17 using or not using.</p> <p>18 A. Well --</p> <p>19 Q. Anything at all that you're aware</p> <p>20 of?</p> <p>21 A. -- I know --</p> <p>22 MS. KEARSE: Object to form.</p> <p>23 A. -- that there's a screen --</p> <p>24 MS. KEARSE: Go ahead.</p> <p>25 A. There's a screen that the nurses go</p>
<p style="text-align: right;">Page 147</p> <p>1 Q. But she would -- she -- on Exhibit</p> <p>2 3, she would be in the clinical services</p> <p>3 division?</p> <p>4 A. Correct.</p> <p>5 Q. But --</p> <p>6 A. Two days a week, as an example, she</p> <p>7 will be over in the MAT clinic giving the shots</p> <p>8 and the education.</p> <p>9 Q. All right. And what do you know</p> <p>10 about the -- the medication that's provided</p> <p>11 through that program?</p> <p>12 A. Not even enough to be dangerous.</p> <p>13 Q. Okay. Vivitrol, have you heard</p> <p>14 that word?</p> <p>15 A. Yes, I have.</p> <p>16 Q. Is that the substance that you're</p> <p>17 aware of is used?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. Do you know whether or not</p> <p>20 it's used for anything other than opioid</p> <p>21 addiction?</p> <p>22 A. I do not know.</p> <p>23 Q. So if, for example, I asked can it</p> <p>24 be used for alcohol abuse --</p> <p>25 A. And I --</p>	<p style="text-align: right;">Page 149</p> <p>1 through with the client to determine whether or</p> <p>2 not they're an appropriate candidate. What</p> <p>3 that consists of, I don't know.</p> <p>4 Q. Okay. But as far as a written</p> <p>5 procedure that says, for example, "We only</p> <p>6 treat opioid-addicted patients that live in the</p> <p>7 city of Akron," you're not aware of anything</p> <p>8 like that?</p> <p>9 A. No.</p> <p>10 Q. That would be something to ask</p> <p>11 Ms. Pollard?</p> <p>12 A. Yes.</p> <p>13 Q. Do you know how the -- that program</p> <p>14 is funded?</p> <p>15 A. MAT?</p> <p>16 Q. Yeah.</p> <p>17 A. It's partially with prior year</p> <p>18 funds, and I believe, at this point, partially</p> <p>19 with the -- the SAMHSA funding that they</p> <p>20 brought in.</p> <p>21 Q. Okay. Is -- is part of the funding</p> <p>22 for that fee -- fee for service?</p> <p>23 A. I don't know how it's -- I don't</p> <p>24 know how the funding is set up for that.</p> <p>25 Rather, I don't know how the billing is set up</p>

<p style="text-align: right;">Page 150</p> <p>1 for that.</p> <p>2 Q. Okay. So -- so let me -- let me</p> <p>3 ask a different but related question.</p> <p>4 Do you know one way or the other</p> <p>5 whether clients are charged by Summit Public</p> <p>6 Health for the Vivitrol shots they get monthly?</p> <p>7 A. I do not believe they are.</p> <p>8 Q. Okay. Do you know whether Medicaid</p> <p>9 is charged for those shots?</p> <p>10 A. Perhaps, but I don't know.</p> <p>11 Q. Okay. Do you know whether</p> <p>12 treatment records are maintained for the</p> <p>13 patients who are in the MAT program?</p> <p>14 A. I'm sure, yes.</p> <p>15 Q. Are those maintained electronically</p> <p>16 or in a hard copy, to your knowledge?</p> <p>17 A. I would say hard copy.</p> <p>18 Q. Is it your understanding that those</p> <p>19 records are treated like any other clinic</p> <p>20 patient would --</p> <p>21 A. You mean are they kept separately?</p> <p>22 Q. Is the process for creating them</p> <p>23 and saving them similar to any other clinic</p> <p>24 patient would be?</p> <p>25 A. I believe so, yes.</p>	<p style="text-align: right;">Page 152</p> <p>1 A. My --</p> <p>2 Q. -- less than 50, you don't know</p> <p>3 that?</p> <p>4 A. I don't, no.</p> <p>5 Q. Do you know as the --</p> <p>6 A. I can -- I know that the health</p> <p>7 district expects the clinic to be fully</p> <p>8 functioning and that there is an adequate and</p> <p>9 appropriate number of individuals coming</p> <p>10 through the clinic.</p> <p>11 So if that number is low, we would</p> <p>12 put some things in place to recruit additional</p> <p>13 individuals to come in. Like, we wouldn't have</p> <p>14 two people come through a clinic and have that</p> <p>15 be okay, even if the number were low, which I</p> <p>16 don't know whether or not it is.</p> <p>17 Q. Okay. As the assistant health</p> <p>18 commissioner for Summit Public Health, are you</p> <p>19 aware of whether there are any government</p> <p>20 limits on the amount of patients that can be</p> <p>21 seen by a MAT clinic?</p> <p>22 A. No, I -- no.</p> <p>23 Q. Okay.</p> <p>24 MS. KEARSE: Now's a good time for</p> <p>25 a break for lunch?</p>
<p style="text-align: right;">Page 151</p> <p>1 Q. And -- and who -- who actually</p> <p>2 prescribe -- who signs the prescription for the</p> <p>3 Vivitrol for those patients?</p> <p>4 A. Dr. Sobolewski.</p> <p>5 Q. Does she actually see the patients</p> <p>6 before she writes a prescription?</p> <p>7 A. She collaborates with the nurse</p> <p>8 practitioner.</p> <p>9 Q. So she speaks with the nurse</p> <p>10 practitioner?</p> <p>11 A. Uh-huh.</p> <p>12 Q. But do you know whether she</p> <p>13 actually sees the patients?</p> <p>14 A. I don't believe so.</p> <p>15 Q. Okay. And is there a -- within</p> <p>16 whatever the budget is for -- for that program,</p> <p>17 to your knowledge is there a -- an expected</p> <p>18 number of patients that Summit Public Health</p> <p>19 expects to treat in that program per year?</p> <p>20 A. Yes.</p> <p>21 Q. Do you know what that is?</p> <p>22 A. No.</p> <p>23 Q. Is it --</p> <p>24 A. I don't know.</p> <p>25 Q. If I said is it more than 50 or --</p>	<p style="text-align: right;">Page 153</p> <p>1 MR. NAEEM: Sure.</p> <p>2 THE VIDEOGRAPHER: We're off the</p> <p>3 record, 12:16.</p> <p>4 (Luncheon recess.)</p> <p>5 THE VIDEOGRAPHER: We're back on</p> <p>6 the record, 1:16.</p> <p>7 BY MR. NAEEM:</p> <p>8 Q. Ms. Block, good afternoon. Before</p> <p>9 we took a break, we had been talking, and we</p> <p>10 may have finished our discussion of the -- the</p> <p>11 MAT program.</p> <p>12 A. Uh-huh.</p> <p>13 Q. I wanted to run through a few more</p> <p>14 of the programs from the community health</p> <p>15 division.</p> <p>16 We talked a little bit about the</p> <p>17 disposal boxes, D.U.M.P.?</p> <p>18 A. Yes.</p> <p>19 Q. You -- you -- I think you told me</p> <p>20 that those are actually --</p> <p>21 A. Environmental health.</p> <p>22 Q. -- in the environmental health</p> <p>23 division.</p> <p>24 I apologize if I'm covering a</p> <p>25 couple questions that might have come up when</p>

<p style="text-align: right;">Page 154</p> <p>1 we were talking about it previously.      2 But do you recall when those --      3 that -- that program started in Summit County?      4 A. I do not. I think we -- yeah, I      5 don't remember --      6 Q. Has it always been --      7 A. -- the year.      8 Q. Sorry. I apologize for -- for      9 cutting you off.      10 Has it always been run out of      11 Summit Public Health?      12 A. Yes.      13 Q. Is there any collaboration with any      14 other Summit County entity?      15 A. So the D.U.M.P. boxes have to sit      16 where there's a police station. So in the      17 various locations, they are either hosp- --      18 based on a hospital site where they have their      19 own police force or very near a police      20 department with surveillance.      21 And there's also, I believe -- the      22 sheriff's department had, for several years,      23 provided the transport when they were being --      24 I think annually, they're incinerated. So I'm      25 not sure if they still do that. It seems to me</p>	<p style="text-align: right;">Page 156</p> <p>1 Q. -- people registering to use those?      2 A. No.      3 Q. And as far as the funding goes, is      4 there any private entity that provides funding      5 for those -- for the operation of those boxes?      6 A. No.      7 Q. So again, just to be clear, that's      8 all a Summit Public Health-run --      9 A. Program?      10 Q. -- program?      11 A. Yes.      12 Q. As we sit here today, do you have      13 any recollection of the volume of medications      14 that are disposed of on a monthly or annual      15 basis, whatever it is?      16 A. No. And I can tell you that there      17 are other organizations that have similar types      18 of programs. I believe Summa does an annual      19 collection and incineration. I think they just      20 do that once a year. I think Summa is the --      21 is the one big one. I -- I can't speak to      22 whether or not there are others, but I know      23 they also have a program.      24 Q. Okay. Why is it important to have      25 a program like that in Summit County?</p>
<p style="text-align: right;">Page 155</p> <p>1 there had been some discussion about the cost      2 of having the sheriff's department do that, but      3 that was the way it was originally set up.      4 Q. Okay. What is the purpose or      5 why -- why is it that those have to be situated      6 at police or sheriff facilities and monitored      7 at all times?      8 A. Because they -- it's a controlled      9 substance, in a lot of cases. I believe that      10 you could dump any type of medication, but for      11 the most part, they were set up specifically      12 for controlled substances, and that is why they      13 need to be monitored.      14 Q. Now, there isn't actually a live      15 person monitoring those boxes 24/7, is there?      16 A. No. I believe it sits outside of      17 a -- or just inside of most sites where there's      18 a surveillance camera. And, you know, it's out      19 -- it's -- there are police officers inside.      20 Q. Okay. And anybody can come in and      21 dump any type of medication they want in one of      22 those boxes?      23 A. I believe so, yes.      24 Q. There's no record created of --      25 A. No.</p>	<p style="text-align: right;">Page 157</p> <p>1 A. Well, we want to make sure that we      2 keep as many controlled substances out of the      3 hands of individuals as possible, and we don't      4 want it in the water supply either.      5 But yeah, I can -- I can remember I      6 was with Donna Skoda somewhere, and at some      7 function, and there was a guy talking about how      8 he fed his addiction by just going to open      9 houses every weekend, so -- and that was just      10 medications that they were just available. You      11 walk into a house and you -- and, you know, you      12 can feed your addiction on that. So, yeah, we      13 want them controlled and disposed of properly.      14 Q. Okay. You'd agree with me that      15 going to an open house and taking medication      16 out of somebody's cabinet is illegal?      17 A. Yes.      18 Q. And so would you agree with me that      19 the medications that are -- are being disposed      20 of in these D.U.M.P. boxes, it's an effort by      21 Summit Public Health to prevent more illegal      22 diversion of prescription drugs?      23 MS. KEARSE: Object to form.      24 A. Well, it's to keep as much off the      25 streets as possible.</p>

<p style="text-align: right;">Page 158</p> <p>1 Q. Right.      2 A. Yes.      3 Q. You'd agree somebody who uses a      4 medication they weren't prescribed is acting      5 illegally?      6 MS. KEARSE: Object to form.      7 A. Yes.      8 Q. And like that example you used, the      9 person who went in and, you know, took those      10 medications out of someone's cabinet; that      11 would be illegal?      12 A. Yes.      13 Q. A family member who provides      14 medications to another family member that they      15 weren't prescribed, that would be illegal      16 conduct?      17 MS. KEARSE: Object to form.      18 A. Yes.      19 Q. Getting a prescription and then      20 selling a couple of the pills on the street to      21 friends; that would be illegal?      22 MS. KEARSE: Object to form.      23 A. Yes.      24 Q. Those -- and those are all, you      25 would recognize, as circumstances that do</p>	<p style="text-align: right;">Page 160</p> <p>1 A. No, no. I think it's an EMS, a      2 counselor --      3 Q. Oh.      4 A. -- and a recovery coach. I believe      5 that's the composition.      6 Q. Are one of those of the team always      7 from Summit Public Health?      8 A. Yes.      9 Q. Is it the counselor?      10 A. Yes.      11 Q. Does -- does Summit Public Health      12 keep records of the interventions they do      13 through these Quick Response Teams?      14 A. I -- I don't believe that they keep      15 records of the individuals. They -- no. Maybe      16 the number of contacts they made. I don't      17 believe they keep records of the individuals.      18 Q. Who's the person who -- is that      19 also -- sorry.      20 A. Which counselor?      21 Q. No. I was actually going to say      22 the -- is -- is that another function that's      23 supervised by Griffin Brown?      24 A. Yes.      25 Q. Okay. And then beneath Griffin</p>
<p style="text-align: right;">Page 159</p> <p>1 actually happen with respect to prescription      2 opioids in the community?      3 A. Yes.      4 Q. The Quick Response Team, we --      5 we -- we mentioned it within the context of one      6 of the exhibits here. Could -- could you give      7 us a quick explanation of what those are?      8 A. The teams?      9 Q. Yeah. Well, not necessarily the      10 composition of the team --      11 A. Yeah.      12 Q. -- but what -- what is the function      13 of the Quick Response Team?      14 A. They do a follow-up, I believe it's      15 the next day, for individuals who had overdosed      16 and had gotten some type of intervention,      17 either through EMS or the emergency department.      18 So they go out, a counselor,      19 someone from EMS, and maybe police -- I'm not      20 sure. It's a three-man team -- oh, a recovery      21 coach. I'm sorry -- and try and engage the      22 individual, try and get them to go to      23 treatment.      24 Q. You said EMS and police and a      25 recovery coach. Are those --</p>	<p style="text-align: right;">Page 161</p> <p>1 Brown in the community health division are a      2 number of counselors?      3 A. Correct.      4 Q. How many counselors currently are      5 employed by Summit Public Health?      6 A. I believe there are nine.      7 Q. Has that number been roughly the      8 same during your employment at --      9 A. We've had --      10 Q. -- Summit Public Health?      11 A. We've had as many as 11, to my      12 knowledge, but around that.      13 Q. And it's one of these -- currently      14 it would be one of these nine counselors who      15 would be part of a Quick Response Team?      16 A. Yes.      17 Q. Is -- is it, to your knowledge,      18 divided equally amongst them, or are there      19 certain folks who are the designated Summit      20 Public Health counselor to go on all of these      21 calls?      22 A. I think that there are two. And I      23 think there's a -- I believe there's a primary      24 individual, and when that person is not      25 available, there is an alternate.</p>

<p style="text-align: right;">Page 162</p> <p>1 Q. Do you know who the primary is?</p> <p>2 A. I believe it's Anna Copeland.</p> <p>3 Q. Do you know how long Ms. Copeland</p> <p>4 has been employed by Summit Public Health?</p> <p>5 A. I would say approximately three</p> <p>6 years.</p> <p>7 Q. These Quick Response Teams, when</p> <p>8 did -- when were these teams implemented in</p> <p>9 Summit County? And I'm specifically referring</p> <p>10 to just the teams in which Summit Public Health</p> <p>11 would be a partner of. Just the year is fine,</p> <p>12 if you know.</p> <p>13 A. Late '15, early '16, I would -- I</p> <p>14 would say.</p> <p>15 Q. And other than the employee salary</p> <p>16 and benefit costs -- put -- put that aside --</p> <p>17 A. Uh-huh.</p> <p>18 Q. -- does Summit Public Health</p> <p>19 provide any other funding for these Quick</p> <p>20 Response Teams?</p> <p>21 A. No, I don't believe so.</p> <p>22 Q. Okay. And -- and the function of</p> <p>23 the -- of the counselor in these situations,</p> <p>24 what is it specifically that they're -- that</p> <p>25 they're doing if they're able to actually make</p>	<p style="text-align: right;">Page 164</p> <p>1 specific to opioid overdose situations, or any</p> <p>2 reported overdose in the community?</p> <p>3 A. Any reported overdose, yeah.</p> <p>4 Q. Okay. And these counselors we've</p> <p>5 been talking about, we talked about them</p> <p>6 generally in a couple instances within the</p> <p>7 context of the community health division and we</p> <p>8 talked about, for example, Anna Copeland.</p> <p>9 A. Uh-huh.</p> <p>10 Q. Are they just substance abuse</p> <p>11 counselors, or do they have some function at</p> <p>12 Summit Public Health that also involves mental</p> <p>13 health counseling?</p> <p>14 A. Some of them can diagnose both</p> <p>15 mental health and substance abuse. All of</p> <p>16 them, I believe, have -- are certified chemical</p> <p>17 dependence counselors, but there's a range of</p> <p>18 individuals that can provide counseling.</p> <p>19 Anna, I believe, is a -- and she's</p> <p>20 a licensed independent social worker, so she</p> <p>21 can practice independently and focus on mental</p> <p>22 health or addiction.</p> <p>23 Q. Okay. Does Summit Public Health</p> <p>24 actually have any specific mental health</p> <p>25 programs?</p>
<p style="text-align: right;">Page 163</p> <p>1 contact with one of these overdose patients?</p> <p>2 A. Uh-huh. Well, the recovery --</p> <p>3 well, I will say that the recovery coaches</p> <p>4 there -- and I'm only saying this so that I can</p> <p>5 get to the counselor -- that's more of a lay</p> <p>6 individual who has -- who is in recovery, but</p> <p>7 if they encounter an individual who needs</p> <p>8 clinical intervention at that point, that's</p> <p>9 what the counselor is there for. So --</p> <p>10 Q. And is that to encourage them --</p> <p>11 A. -- brief -- brief intervention.</p> <p>12 Q. Okay.</p> <p>13 A. Maybe assess whether or not that</p> <p>14 person, you know, needs to go to the hospital,</p> <p>15 are they clinically depressed at that point,</p> <p>16 things of that nature. So that's their role.</p> <p>17 Yeah. And the recovery coach talks</p> <p>18 to them about the fact that they've been</p> <p>19 through it, treatment is available, they can</p> <p>20 help hold your hand through that process.</p> <p>21 Q. Okay. Would you -- would you agree</p> <p>22 with me that opioids are not the only drug</p> <p>23 that leads to overdoses in this community?</p> <p>24 A. Yes.</p> <p>25 Q. Are these Quick Response Teams</p>	<p style="text-align: right;">Page 165</p> <p>1 A. Solely?</p> <p>2 Q. Well, I do want to ask you about</p> <p>3 what you were just talking about with, you</p> <p>4 know, this assessment that the counselor may do</p> <p>5 during one of these Quick Response Team</p> <p>6 visits --</p> <p>7 A. Uh-huh.</p> <p>8 Q. -- about the mental health of</p> <p>9 the -- you know, of the patient.</p> <p>10 A. Uh-huh.</p> <p>11 Q. But before I ask that, what I was</p> <p>12 trying to -- trying to get a sense of is -- are</p> <p>13 there, yeah, mental health-specific programs</p> <p>14 also offered through Summit Public Health that</p> <p>15 are similar to those of the substance abuse</p> <p>16 programs we've been talking about?</p> <p>17 A. No.</p> <p>18 Q. Okay. So why -- why is it</p> <p>19 important, then, for, you know, a counselor on</p> <p>20 one of these Quick Response Team visits to</p> <p>21 assess the mental health of somebody who's just</p> <p>22 suffered an overdose?</p> <p>23 A. Well, I don't know exactly what</p> <p>24 happens when they go out there. I know that</p> <p>25 this is the way the teams have been designed.</p>

<p style="text-align: right;">Page 166</p> <p>1 That was based on evidence where it's been 2 successful elsewhere. 3       But from my perspective and from 4 information I've gotten from EMS providers, 5 emergency room people, people aren't happy when 6 they're jerked out of their high, and so, you 7 know, I don't know what that means long-term. 8 But we've had people walk into our offices that 9 were depressed and threatening suicide, so it 10 is important that they be able to recognize 11 signs of things like depression -- 12 Q. Okay. 13 A. -- suicidal thoughts, that sort of 14 thing. 15 Q. Are you aware of whether or not 16 there's a correlation between mental health 17 issues and substance abuse? 18 A. A correlation... 19 Q. Let me ask it a different way. 20       Do you know one way or the other 21 whether people with mental health issues have a 22 higher risk of substance abuse? 23 A. I believe -- 24 MS. KEARSE: Object to form. 25 A. I believe so.</p>	<p style="text-align: right;">Page 168</p> <p>1       Q. Is there a limitation on the amount 2 of patients that can be treated in any of those 3 programs based on the amount of counselors that 4 are available? 5       A. Caseload? I mean, per -- 6       Q. Yeah. Is there -- is there an 7 upper limit? 8       A. Not aw -- I'm not aware of that. 9       Q. We -- we've already talked about 10 how there are various sources of funding for 11 those programs. You have ADM, fee for 12 service -- 13       A. Yes. 14       Q. -- and general revenue that covers 15 some sort of percentage of the management, you 16 said, salaries. 17       A. Yes. 18       Q. As far as the counselors 19 themselves, is general revenue being used to 20 pay any of their salaries and benefits? 21       A. No. 22       Q. So that all comes out of the 23 program revenue? 24       A. Historically, we've been able to do 25 that. As I said, they -- we are questioning</p>
<p style="text-align: right;">Page 167</p> <p>1       Q. Okay. Do the -- is there some sort 2 of a run report-type thing that the counselor 3 has to fill out when -- for example, 4 Ms. Copeland, when she comes back from the 5 Quick Response Team visit? 6       A. I don't know if she completes that 7 or if the EMS person completes it. 8       Q. But your expectation is that there 9 is some documentation created after the visit? 10      A. Yes. 11      Q. Okay. We've touched on it, 12 although not talked about it directly yet, but 13 the division of community health, one of -- one 14 of the things they -- they do is provide 15 substance abuse counseling services. And there 16 are -- there are a couple different types of 17 programs provided; would you agree? 18 Inpatient -- intensive outpatient and 19 outpatient programs? 20      A. Yes. 21      Q. We -- you -- a few minutes ago you 22 talked -- or you told me that there are 23 currently nine counselors, and in the past 24 there have been upwards of 11. 25      A. Yes.</p>	<p style="text-align: right;">Page 169</p> <p>1 what 2018 is going to look like, but in prior 2 years we have been able to cover the cost of 3 the counselors. 4       Q. Okay. Are you aware of the -- 5 well, let's -- let's keep it specific to 2018. 6       Do you have any information 7 regarding the types of patients, and 8 specifically the substance of abuse of those 9 patients, that are being treated by Summit 10 Public Health in calendar year 2018? 11      Yeah, I know. Terrible. I'm 12 sorry. 13      MS. KEARSE: Yeah. I'm looking at 14 it. It's like -- I'm want to object, because 15 I'm even reading it. 16      Q. Do you know how many patients 17 have -- have gone through the counseling 18 services at Summit Public Health in 2018? 19      A. No. 20      Q. Do you have any data regarding the 21 types of substances for which those patients 22 were seeking counseling? 23      A. Do I personally? 24      Q. Well, you personally or you on 25 behalf of Summit Public Health in your role as</p>

<p style="text-align: right;">Page 170</p> <p>1 the -- the assistant health commissioner.      2 A. I do not. I feel pretty sure that      3 that data exists in the counseling department      4 within the files.      5 Q. Now, from -- from information we      6 got from Ms. Skoda during her deposition, she      7 talked about there being an assessment form      8 that was created, filled out by the counselor,      9 every time they engaged a new patient.      10 Is that something you're familiar      11 with?      12 A. The actual form or the process?      13 Q. The form. I'm talking about the      14 form.      15 A. I saw the form a few years ago.      16 Q. Okay.      17 A. Yes.      18 Q. You're aware that there is a form?      19 A. Yes.      20 Q. Okay. As part of the record that's      21 created for the treatment of these patients?      22 A. Yes.      23 Q. Does that form require      24 documentation of the substance at issue?      25 A. Yes.</p>	<p style="text-align: right;">Page 172</p> <p>1 And just let me know when you're --      2 when you're through it and ready to answer a      3 few questions.      4 A. Okay. I think I'm ready.      5 Q. Okay. So Deposition Exhibit 6 is,      6 at the top, an e-mail from Yvette Edwards to a      7 number of people, including you. Would you      8 agree?      9 A. Yes.      10 Q. E-mail is dated December 7, 2015,      11 agree?      12 A. Yes.      13 Q. Okay. It -- it includes a couple      14 other e-mails in the chain, but the original      15 chain looks to have been an e-mail from Loren      16 Carpenter.      17 Do you see that --      18 A. Yes.      19 Q. -- in the middle of page 1?      20 A. Yes.      21 Q. Who is Loren Carpenter?      22 A. She was our -- I don't remember her      23 title, but she organized all of the electronic      24 records around counseling and dental services      25 and things of that nature.</p>
<p style="text-align: right;">Page 171</p> <p>1 Q. And, in fact, in order to be able      2 to bill that to Medicaid, would you need to      3 know the substance at issue?      4 A. Yes.      5 Q. Does Summit Public Health track      6 that data on an aggregate level? So if I      7 wanted to know what percentage -- sorry -- what      8 percentage of patients were there for an opioid      9 addiction versus cocaine, could that data --      10 data be generated?      11 A. I don't know.      12 Q. Okay.      13 - - - - -      14 (Thereupon, Deposition Exhibit 6,      15 12/7/2018 E-Mail Chain between Tonya      16 Block and Yvette Edwards Re:      17 Counseling Data - Secure,      18 SUMMIT_001641475 to 001641479, was      19 marked for purposes of      20 identification.)      21 - - - - -      22 Q. Ms. Block, I've handed you what      23 I've had marked as Deposition Exhibit 6. I      24 want you to take as much time as you need to      25 review that.</p>	<p style="text-align: right;">Page 173</p> <p>1 Q. Okay. So -- so on the last page      2 it -- it indicates her title is informatics      3 coordinator?      4 A. Informatics coordinator, yes.      5 Q. Okay. Is that a position within      6 administration, or is that within community      7 health?      8 A. It was in population health.      9 Q. Population health. Okay.      10 A. Yeah.      11 Q. So -- so she wasn't specific to,      12 for example, counseling services; she had      13 access to all of the electronic data for Summit      14 Public Health?      15 A. Yes.      16 Q. All right. Now, it seems to me      17 you -- you were referring to her in the past      18 tense, so she's no longer employed?      19 A. That's correct.      20 Q. Do you know when she left Summit      21 Public Health?      22 A. Around March of '18.      23 Q. Has her position been filled by      24 somebody else?      25 A. No.</p>

<p style="text-align: right;">Page 174</p> <p>1 Q. Who, then -- and we're going -- 2 we're going to get into the substance, but 3 if -- if you needed to get an electronic 4 summary of the patient-level data maintained by 5 Summit Public Health, who would you -- who 6 would you go to now instead of Loren Carpenter? 7 A. I would start with Griffin. 8 Q. Now, as we sit here, do you recall 9 receiving this e-mail? 10 A. I -- yes. 11 Q. Do you recall at any time since 12 December of 2015 getting similar reports of 13 substance abuse-data patients treated by Summit 14 Public Health? 15 A. I -- I don't recall. 16 Q. Is there any -- 17 A. I don't believe so. 18 Q. Okay. Is there -- is there any 19 report created periodically that contains 20 similar data like this for the benefit of 21 either the counselors or management at Summit 22 Public Health? 23 A. If there is, it doesn't filter up 24 to Donna and I. Or at least not to me, which 25 means she probably doesn't get it either.</p>	<p style="text-align: right;">Page 176</p> <p>1 division at ADM that you interacted with on the 2 actual programs that Summit Public Health was 3 running? 4 A. I can't remember the fiscal 5 officer's name at the time, but it would have 6 been the fiscal officer. 7 Q. Okay. But as far as patient-level 8 information regarding specific drugs of abuse, 9 was that not something that you were involved 10 in? 11 A. That's correct. 12 Q. So you didn't -- whoever that would 13 have been at the ADM was not someone you 14 interacted with personally? 15 A. Right. 16 Q. If we go to the middle of the page 17 where Loren Carpenter's original e-mail begins, 18 she says at the beginning, "I was playing 19 around in the reporting session of the Open 20 Practice Solutions." 21 A. Uh-huh. 22 Q. What is Open Practice Solutions? 23 A. That's the system used to schedule 24 patients, and I don't know what else it does. 25 But it's -- yeah. It's like Dentrix for dental</p>
<p style="text-align: right;">Page 175</p> <p>1 Maybe Jackie gets something like this on a 2 routine basis. But, yeah. No, I don't get 3 anything like this on a routine basis. 4 Q. All right. And are you aware 5 whether Summit Public Health is required to 6 provide data like this to any of the agencies 7 that provide funding for counseling services; 8 for example, ADM? 9 A. Yes, and I -- but I think that's 10 through the super bill or the encounter that's 11 generated. I don't know if they submit a 12 report like this. I believe that the report is 13 comp- -- not even a report -- the information 14 is compiled on a patient-by-patient basis, I 15 believe. 16 Q. Okay. So -- so data of some sort, 17 which you believe is probably at not the high 18 level but the individual level -- 19 A. Yes. 20 Q. -- is -- is required to be provided 21 to ADM? 22 A. I believe so, yes. 23 Q. Okay. Are there any particular 24 contacts that you ever worked with when you 25 were the director of the community health</p>	<p style="text-align: right;">Page 177</p> <p>1 services, is my understanding. 2 Q. I'm sorry. It's like what for 3 dental services? 4 A. It's the dental medical record. 5 Q. Okay. 6 A. Yeah. So that's what this is for 7 counseling. 8 Q. All right. Do you know how long 9 Summit Public Health has been using that 10 particular database? 11 A. A really long time. I believe 12 we've used this since we merged. 13 Q. Okay. Is it still -- 14 A. Open Practice, I believe, yes. 15 Q. Do you believe it's still in use 16 today? 17 A. I believe so. 18 Q. And is it -- is it -- I think this 19 is what you said, but let me ask it more 20 specifically. 21 If you wanted to access Open 22 Practice Solutions, would you do so yourself, 23 or would you talk to Griffin Brown? 24 A. I would talk to Griffin. I would, 25 yeah.</p>

<p style="text-align: right;">Page 178</p> <p>1 Q. Okay. If we look at some of the 2 data that's provided, it looks to me as if 3 there is data maintained on an aggregate basis 4 regarding the actual drugs of abuse.</p> <p>5 A. Yes.</p> <p>6 Q. Now, if we stay on just page 1 for 7 now, and where it says, "Totals, 1,688 unique 8 individual patients."</p> <p>9 As we sit here, do you know what 10 that represents, unique patients?</p> <p>11 A. Yes.</p> <p>12 Q. What -- what does that mean?</p> <p>13 A. That is the difference between one 14 individual who comes in seven times and one 15 individual who that comes in one time. It's 16 each individual client.</p> <p>17 Q. Okay. And so it suggests to me 18 that between September and the end of November 19 of 2015, there were 1,688 unique individual 20 patients.</p> <p>21 A. That's what it says.</p> <p>22 Q. Okay. And -- and they were 23 patients of what?</p> <p>24 A. I'm sorry?</p> <p>25 Q. What were they patients of?</p>	<p style="text-align: right;">Page 180</p> <p>1 is that accurate?</p> <p>2 A. Yes, but that doesn't mean that 3 that's the number of visits. It's the 4 number --</p> <p>5 Q. Okay.</p> <p>6 A. -- of clients, but not necessarily 7 the number of visits.</p> <p>8 Q. I got you.</p> <p>9 In what other circumstance would 10 patients be recorded in the system, other than 11 actual visits?</p> <p>12 A. Can you repeat that?</p> <p>13 Q. Yeah. So if somebody came to pick 14 up syringes --</p> <p>15 A. Uh-huh.</p> <p>16 Q. -- as part of a syringe exchange 17 program, would they be recorded as a unique, 18 individual patient?</p> <p>19 A. No, they wouldn't be recorded in 20 the system.</p> <p>21 Q. Okay.</p> <p>22 A. If someone came in for an 23 assessment on September 1st and then they come 24 in for IOP each week thereafter for the month 25 of September, that would be four visits for one</p>
<p style="text-align: right;">Page 179</p> <p>1 A. The counseling department.</p> <p>2 Q. The counseling department.</p> <p>3 A. Yes.</p> <p>4 Q. Is that consistent with the -- the 5 numbers of patients you're familiar with that 6 are being seen by Summit Public Health?</p> <p>7 A. I don't know that answer, but you 8 have to sort of -- we may have had 1,688 9 clients, but those clients might have come in 10 40 times over the course of this period, so 11 it's not limited to the number of individuals 12 that come in. So I can't say.</p> <p>13 Q. I'm -- I want to make sure I 14 understand. If it was 100 patients that came 15 in 17 times each --</p> <p>16 A. That was --</p> <p>17 Q. -- is that the number that's being 18 represented here or --</p> <p>19 A. No. That -- no.</p> <p>20 Q. Okay. That's what I thought you 21 said originally, but then your last answer kind 22 of confused me.</p> <p>23 Summit Public Health in its 24 counseling department, according to this, saw 25 1,688 unique patients in a three-month period;</p>	<p style="text-align: right;">Page 181</p> <p>1 unique individual.</p> <p>2 Q. And I'm -- what I'm trying to get 3 at is this Open Practice Solutions, what 4 specific programs does it record patients for?</p> <p>5 A. Uh-huh.</p> <p>6 Q. You said it might not reflect 7 actual visits.</p> <p>8 A. Every visit, yeah. So I don't 9 know --</p> <p>10 Q. So --</p> <p>11 A. -- the capabilities of it in terms 12 of that. I don't -- I just -- I thought you 13 were asking me about the 1,688, and --</p> <p>14 Q. Yeah.</p> <p>15 A. -- and, you know, my response is it 16 says we saw 1,688 unique individuals, and I 17 just wanted to clarify that that doesn't 18 necessarily mean there weren't more visits.</p> <p>19 Q. Okay. I -- I do understand what 20 you're saying, but I -- I thought -- I thought 21 we were talking about something different --</p> <p>22 A. Okay.</p> <p>23 Q. -- then, as we moved on. So --</p> <p>24 A. Okay.</p> <p>25 Q. So this is 1,688 unique</p>

<p>1 individuals --</p> <p>2 A. Yes.</p> <p>3 Q. -- that Summit provided some</p> <p>4 counseling or some AOD services to --</p> <p>5 A. Yes.</p> <p>6 Q. -- in that three-month period?</p> <p>7 A. Yes.</p> <p>8 Q. Could have been the intensive</p> <p>9 outpatient?</p> <p>10 A. Yes.</p> <p>11 Q. Could have been individual</p> <p>12 counseling sessions?</p> <p>13 A. Yes.</p> <p>14 Q. But if it was the same patient in</p> <p>15 both of those, it would still be one out of the</p> <p>16 1,688?</p> <p>17 A. Yes.</p> <p>18 Q. Could it have been people that were</p> <p>19 seen through the juvenile court services that</p> <p>20 Summit Public Health provided?</p> <p>21 A. I don't know.</p> <p>22 Q. Okay. Now, would you agree with me</p> <p>23 that Summit Public Health no longer provides</p> <p>24 services at the juvenile facility?</p> <p>25 A. That's correct.</p>	<p style="text-align: right;">Page 182</p> <p>1 A. No, I don't believe that they were</p> <p>2 in Open Practice.</p> <p>3 Q. So as we sit here today, to the</p> <p>4 best of your knowledge, these are counseling</p> <p>5 patients?</p> <p>6 A. To the best of my knowledge, yes.</p> <p>7 Q. If we turn to page 3, these -- and</p> <p>8 specifically the -- the table that starts on</p> <p>9 that, we have the same time frame, September 15</p> <p>10 through the end of November 15. Do you see</p> <p>11 that?</p> <p>12 A. Yes.</p> <p>13 Q. And it rep- -- or I'm sorry. It</p> <p>14 says below that "Diagnosis Code Totals," and</p> <p>15 then it says, "ICD-10 equivalent."</p> <p>16 What does that mean, "ICD-10</p> <p>17 equivalent"?</p> <p>18 A. Well, the ICD-9 number is the</p> <p>19 diagnosis number that is used for billing. I</p> <p>20 can't tell you what -- specifically what the</p> <p>21 definition is -- of equivalent means --</p> <p>22 Q. Oh, okay.</p> <p>23 A. -- in this.</p> <p>24 Q. Well, at least within -- with</p> <p>25 ICD-10 --</p>
<p>1 Q. When did that end?</p> <p>2 A. About a year ago, I believe. Yes.</p> <p>3 Q. And what was -- what was the --</p> <p>4 what were the circumstances of -- of -- was it</p> <p>5 the -- the jail that terminated the -- the</p> <p>6 relationship?</p> <p>7 A. Yes, yes.</p> <p>8 Q. Did they begin using somebody else?</p> <p>9 A. They hired someone.</p> <p>10 Q. Within -- with -- I know we're</p> <p>11 talking about 2015 here, and so maybe the dates</p> <p>12 don't match, but hypothetically, if there was a</p> <p>13 counselor who went out and saw somebody on one</p> <p>14 of these Quick Response Team visits, would that</p> <p>15 be recorded in --</p> <p>16 A. I don't believe so.</p> <p>17 Q. Okay. Project DAWN, would it be</p> <p>18 recorded?</p> <p>19 A. No.</p> <p>20 Q. So we're really just talking about</p> <p>21 the counseling services?</p> <p>22 A. Yes.</p> <p>23 Q. What about the assessments that a</p> <p>24 Summit Public Health counselor did as part of</p> <p>25 the STARS Program?</p>	<p style="text-align: right;">Page 183</p> <p>1 A. Yeah.</p> <p>2 Q. -- that's a billing --</p> <p>3 A. Or rather ICD -- yeah. I used to</p> <p>4 work in a hospital back when dinosaurs roamed</p> <p>5 the earth. I'm sorry. It is 10 now.</p> <p>6 Go ahead.</p> <p>7 Q. Well, really, the only one here who</p> <p>8 didn't was this guy sitting next to me. So --</p> <p>9 and maybe Anne's colleague, too. But the rest</p> <p>10 of us have been around since that long as well.</p> <p>11 A. Okay.</p> <p>12 Q. So ICD-10, though, it's essentially</p> <p>13 a diagnosis code that allows bill- -- for</p> <p>14 billing purposes?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. And if we look, there are a</p> <p>17 number of ICD-10 categories listed below, and</p> <p>18 you'll see opioid appears three times, and then</p> <p>19 many others on a list that includes 15 or 20</p> <p>20 line entries. Do you see that?</p> <p>21 A. Yes, yes.</p> <p>22 Q. If we look at the first three,</p> <p>23 there's alcohol at 214. Do you see that?</p> <p>24 A. Yes.</p> <p>25 Q. Cannabis at 168.</p>

<p style="text-align: right;">Page 186</p> <p>1 A. Uh-huh.      2 Q. And opioid at 114.      3 A. Yes.      4 Q. All right. Do these represent,      5 again, specific patients who have diagnoses of      6 these particular categories we just referenced?      7 A. I believe so.      8 Q. Okay. And you'd agree with me, by      9 looking at this data in this e-mail that you      10 received in 2015, that alcohol and cannabis      11 individually, there were more patients treated      12 for those conditions than opioid dependence;      13 would you agree?      14 A. Based on this, yes.      15 Q. Okay. So is it consistent with      16 your experience, both as the director of the      17 community health division and as the assistant      18 health commissioner for Summit Public Health,      19 that there are substances other than opioids      20 for which Summit Public Health is providing      21 treatment services to?      22 A. Yes.      23 Q. And at least in this three-month      24 period here in 2015, in fact, it looks like it      25 was maybe the third most common condition being</p>	<p style="text-align: right;">Page 188</p> <p>1 "got you" question. It didn't work out.      2 Q. Okay. And so do you know why      3 the -- so if we look at the "Patients" column      4 down at the bottom, it's 247. If we look at      5 the "Encounters" column, it's 2,060 encounters.      6 Why doesn't the patient total equal      7 what we saw on page 1 with unique individual      8 patients?      9 A. I don't know.      10 Q. Okay. That would be a question,      11 maybe, for Griffin Brown?      12 A. I don't know if Griffin could      13 answer that. I don't know. I'd have to -- I      14 really don't know.      15 MR. BORANIAN: I'm sorry to --      16 A. Griffin might be --      17 MR. BORANIAN: -- sorry to      18 interrupt. Apparently people on the phone can      19 no longer hear the witness. Can we check the      20 microphone?      21 THE VIDEOGRAPHER: We're off the      22 record, 1:50.      23 (Off-the-record discussion.)      24 THE VIDEOGRAPHER: We're back on      25 the record, 2:00.</p>
<p style="text-align: right;">Page 187</p> <p>1 treated for?      2 MS. KEARSE: Object to form.      3 A. Yes, yes.      4 Q. And alcohol being -- almost twice      5 as many patients being treated for alcohol as      6 opioids, agreed?      7 A. Yes.      8 Q. If we turn the page to the -- it      9 should be page 4. Again, it says "Practice      10 Analysis." Do you see that?      11 A. Uh-huh.      12 Q. And some of those names seem      13 familiar, but is it -- is it accurate for me to      14 assume that all of those represent individual      15 counselors at Summit Public Health?      16 A. Yes.      17 Q. And Skoda is not Donna Skoda; as I      18 understand it, there's a Michael Skoda?      19 A. Yes.      20 Q. Who's not related to Donna Skoda?      21 A. That's correct.      22 Q. Okay.      23 MS. KEARSE: He's been doing this      24 way too long.      25 MR. NAEEM: We thought we had the</p>	<p style="text-align: right;">Page 189</p> <p>1 Q. All right. Just to finish up our      2 line of questioning, then, with respect to      3 Deposition Exhibit 6, you believe the Open      4 Practice Solutions program is still being used      5 at Summit Public Health. Agreed?      6 A. I believe so, yes.      7 Q. And so we should be able to get the      8 same data that's represented here from that      9 if -- if we were to ask; would you agree?      10 MS. KEARSE: Object to form.      11 A. If there's someone who knows how      12 Loren ran this report, yes.      13 Q. Okay. Are you aware of any other      14 sources, other than the individual patient      15 records and the type of report we just saw,      16 that would allow us to characterize the drugs      17 of abuse that patients were coming in for      18 treatment for at Summit Public Health?      19 A. Can you say that again?      20 Q. Yeah. So -- so really all I'm      21 looking for is if I want to understand how many      22 patients that Summit Public Health has seen and      23 the type of -- the alcohol or other drug that      24 they were being treated for --      25 A. Yes.</p>

<p style="text-align: right;">Page 190</p> <p>1 Q. -- we've talked about a couple 2 sources, individual medical records. 3 A. Yes. 4 Q. And this Exhibit 6 with the Open -- 5 A. Open Practice. 6 Q. Yeah. 7 A. Yes. 8 Q. Is there any other source of data 9 at Summit Public Health you're aware of where 10 you could answer that question if you needed 11 to, how many patients and what drugs they were 12 using? 13 A. Not that I'm aware of. 14 Q. So I'd like to -- to kind of close 15 the door on the programs, and I want to run 16 through them and make sure that I didn't miss 17 one that you've perhaps thought of since we've 18 started talking about this. Okay? 19 A. Okay. 20 Q. We talked about the counseling 21 services. 22 A. Yes. 23 Q. We talked about prevention -- 24 A. Yes. 25 Q. -- programs.</p>	<p style="text-align: right;">Page 192</p> <p>1 Q. Okay. Well, certainly one thing -- 2 that's the reason we're here, right? 3 A. Uh-huh. 4 Q. -- is that opioids are used to 5 treat chronic pain. 6 A. Yes. 7 Q. Certainly you're aware of that. 8 MS. KEARSE: Well, and I'll just -- 9 she's here to answer questions as a fact 10 witness because you all wanted her to be 11 deposed. 12 MR. NAEEM: Right. And I'm trying 13 to get a sense of the witness's knowledge so I 14 can decide what questions to ask her. 15 MS. KEARSE: She's here at your 16 request. 17 MR. NAEEM: I don't remember what I 18 said, but I'm sure I said something that -- 19 MS. KEARSE: Okay. 20 MR. NAEEM: You know I love you, 21 Anne. I do actually enjoy being across the 22 table from you versus some of your colleagues. 23 MS. KEARSE: Let the record 24 reflect. 25 MR. NAEEM: Might have wanted to</p>
<p style="text-align: right;">Page 191</p> <p>1 A. Yes. 2 Q. We talked about Project DAWN, 3 syringe exchange, the MAT clinic, the disposal 4 boxes, STARS, and the Quick Response Teams. 5 A. Yes. 6 Q. As we sit here, are there any 7 programs through which Summit Public Health has 8 provided substance abuse treatment services to 9 patients that we haven't talked about? 10 A. To patients specifically? 11 Q. Yeah. 12 A. No. That I can -- that I'm aware 13 of, no, that I can think of. 14 Q. Earlier -- I don't even remember 15 what we were talking about, but you told me 16 you're not an expert on opioids. Do you -- do 17 you recall saying that? 18 A. Yes. 19 Q. Okay. As a general matter, do you 20 know what types of treatments are available for 21 patients with chronic pain? Is that something 22 you're familiar with? 23 A. Not -- no. Not enough to have a 24 conversation about the different types of 25 medications. No.</p>	<p style="text-align: right;">Page 193</p> <p>1 wait until we were off the record for that, but 2 I'm not afraid to let those folks know who they 3 are when I see them. 4 Q. So certainly one of the ways to 5 treat chronic pain you're aware of is 6 prescription opioid medications? 7 A. Yes. 8 Q. All right. Do you have any 9 knowledge regarding what other types of 10 treatment are available for patients with 11 chronic pain, other than prescription opioids? 12 A. Like Tylenol? 13 MS. KEARSE: Sure. 14 Q. Okay. So one alternative to 15 opioids you just mentioned would be 16 over-the-counter analgesics? 17 A. Yes. 18 Q. Okay. So let's -- let's put aside 19 prescription opioids and over-the- -- 20 over-the-counter analgesics. 21 Are you familiar with any other way 22 to treat chronic pain than those kinds of 23 medications? 24 A. I would say physical therapy, 25 chiropractic services. I don't -- yeah, I</p>

<p style="text-align: right;">Page 194</p> <p>1 don't know.</p> <p>2 Q. Okay. And are you familiar with 3 the consequences of untreated chronic pain?</p> <p>4 So are you aware that --</p> <p>5 MS. KEARSE: She was about to 6 answer your question.</p> <p>7 MR. NAEEM: Yeah. Okay. I'm 8 sorry. She was giving me kind of the look she 9 gives me when she's, like, "Can you ask the 10 question a different way?"</p> <p>11 THE WITNESS: Oh, yeah.</p> <p>12 MS. KEARSE: -- going to say, 13 another thing that she doesn't know.</p> <p>14 A. I don't know.</p> <p>15 Q. Are you aware of whether or not 16 people with chronic pain -- or I'm sorry -- 17 that untreated chronic pain can lead to 18 depression?</p> <p>19 MS. KEARSE: Object to the form.</p> <p>20 Q. Have you heard that?</p> <p>21 A. Perhaps I've heard that, but I 22 don't know. You're sort of going into 23 territory that I'm -- I'm just not familiar 24 with.</p> <p>25 Q. And that's really fair, and my</p>	<p style="text-align: right;">Page 196</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. Yes.</p> <p>3 Q. You have heard that?</p> <p>4 A. I have heard that, yeah.</p> <p>5 Q. Okay. Are you of the belief that 6 chronic pain patients should not have access to 7 prescription opioids to treat their pain?</p> <p>8 MS. KEARSE: Object to form.</p> <p>9 A. No.</p> <p>10 Q. Okay. Would you agree with me that 11 not every patient who uses prescription opioids 12 becomes an addict?</p> <p>13 A. Yes.</p> <p>14 Q. You -- you testified that you 15 didn't -- or that the Cuyahoga County Board of 16 Health didn't have any substance abuse-related 17 programs while you were employed. Other than 18 that -- well, let's strike that.</p> <p>19 Would you agree that many 20 substances other than opioids can lead to 21 addiction?</p> <p>22 A. Yes.</p> <p>23 Q. Would you agree with that -- with 24 me that legal substances can lead to addiction, 25 like alcohol?</p>
<p style="text-align: right;">Page 195</p> <p>1 point is not to --</p> <p>2 A. Test me on --</p> <p>3 Q. Well, I do need to -- I tried to --</p> <p>4 I need to understand the testimony you could 5 give --</p> <p>6 A. Okay.</p> <p>7 Q. -- as a witness for Plaintiff in 8 this case.</p> <p>9 A. Okay.</p> <p>10 Q. And so I do have to test you, 11 technically, on certain things so that I can 12 make sure you don't come back later and provide 13 some testimony that I asked you about today.</p> <p>14 A. Okay.</p> <p>15 MS. KEARSE: And if she says she 16 doesn't know --</p> <p>17 THE WITNESS: Yeah.</p> <p>18 MS. KEARSE: -- then I think that's 19 your answer.</p> <p>20 THE WITNESS: Yeah.</p> <p>21 MR. NAEEM: Fair enough. I'm 22 monologuing.</p> <p>23 Q. Are you familiar that people with 24 untreated chronic pain have higher incidents of 25 suicide?</p>	<p style="text-align: right;">Page 197</p> <p>1 A. Yes.</p> <p>2 Q. Are you aware of how long heroin 3 has been a drug of abuse in this community?</p> <p>4 A. No, I'm not.</p> <p>5 Q. Would you agree with me or have you 6 heard, for example, that soldiers coming back 7 from Vietnam -- or soldiers came back from 8 Vietnam in the '70s addicted to heroin?</p> <p>9 A. Yes.</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 MR. NAEEM: I'm sorry?</p> <p>12 MS. KEARSE: I just objected to the 13 form.</p> <p>14 Q. Are you aware of when prescription 15 opioids became available to patients in the 16 United States? What year?</p> <p>17 A. At least 2011.</p> <p>18 Q. Would you know whether it was -- 19 strike that.</p> <p>20 Are you aware of any details 21 regarding the FDA approval process?</p> <p>22 A. No.</p> <p>23 Q. Are you aware, though, that 24 prescription opioids need to be approved by FDA 25 before they can be sold --</p>

<p style="text-align: right;">Page 198</p> <p>1 A. Yes.</p> <p>2 Q. -- in the United States?</p> <p>3 A. Yes.</p> <p>4 Q. And that would include prescription</p> <p>5 opioids, of course?</p> <p>6 A. Yes.</p> <p>7 Q. Do you know anything about the DEA</p> <p>8 scheduling process?</p> <p>9 A. No.</p> <p>10 Q. Okay. And you're -- you've heard,</p> <p>11 certainly, of the drug enforcement agency?</p> <p>12 A. Yes.</p> <p>13 Q. Have you heard the phrase "Schedule</p> <p>14 I drug"?</p> <p>15 A. Yes.</p> <p>16 Q. Okay. Have you heard the phrase</p> <p>17 "Schedule II drug"?</p> <p>18 A. Yes.</p> <p>19 Q. Do you know what --</p> <p>20 A. No.</p> <p>21 Q. -- the definition of any of those</p> <p>22 are?</p> <p>23 A. No.</p> <p>24 Q. I asked you a little bit about,</p> <p>25 when we were talking about documents, where</p>	<p style="text-align: right;">Page 200</p> <p>1 running. We were going to facilitate those</p> <p>2 meetings, and so I was there looking at the mix</p> <p>3 of individuals that were there, trying to</p> <p>4 identify whether there were gaps and other</p> <p>5 people needed to be at the table, to hear what</p> <p>6 was happening in the community around opiates</p> <p>7 and why a task force was needed.</p> <p>8 Q. Okay. And when is the last</p> <p>9 involvement you've had with the Opiate Task</p> <p>10 Force?</p> <p>11 A. I've not been to a task force</p> <p>12 meeting in a couple years.</p> <p>13 Q. Okay. Do you know what the program</p> <p>14 Prescription for Prevention is? Have you heard</p> <p>15 of that?</p> <p>16 A. Is that a health district program?</p> <p>17 Q. Well, it was -- let me ask it in a</p> <p>18 way it's as a question.</p> <p>19 Were you involved in any of the</p> <p>20 Ohio Department of Health's efforts around 2010</p> <p>21 regarding the Prescription for Prevention</p> <p>22 program?</p> <p>23 A. No. The only thing that makes --</p> <p>24 that sounds familiar to me is we purchased</p> <p>25 prescription pads for physicians to prescribe</p>
<p style="text-align: right;">Page 199</p> <p>1 they were located, and we talked a little bit</p> <p>2 about articles that you had to review.</p> <p>3 Have you done any research yourself</p> <p>4 on prescription opioids and addiction?</p> <p>5 A. Well, I have, over the years, seen</p> <p>6 things, you know, if I got sent a link to</p> <p>7 information. I remember reading things, seeing</p> <p>8 presentations, but nothing that I could speak</p> <p>9 to, nothing that I memorized, nothing that I</p> <p>10 then could have a conversation with anyone</p> <p>11 about.</p> <p>12 Q. Okay. One of the initiatives that</p> <p>13 we've heard talked about by some of the</p> <p>14 witnesses is the Summit County Opiate Task</p> <p>15 Force. Are you familiar with that entity?</p> <p>16 A. Yes, yes.</p> <p>17 Q. Do you have any personal</p> <p>18 involvement with that entity?</p> <p>19 A. I went to those meetings early on</p> <p>20 quite a bit.</p> <p>21 Q. Okay. And what was the purpose of</p> <p>22 you attending those meetings?</p> <p>23 A. The health district was</p> <p>24 initially -- the ADM Board, it was a</p> <p>25 partnership to get the task force up and</p>	<p style="text-align: right;">Page 201</p> <p>1 exercise three times a day or prescribe fruits</p> <p>2 and vegetables, so that's probably not what</p> <p>3 you're talking about.</p> <p>4 Q. No, no. So --</p> <p>5 A. Sorry.</p> <p>6 Q. -- with respect to any efforts by</p> <p>7 the Ohio Department of Health in the 2010 time</p> <p>8 frame to begin setting up task forces to</p> <p>9 address opioid addiction issues, was that</p> <p>10 something you were involved in that you recall?</p> <p>11 A. I was not involved. I recall</p> <p>12 hearing about those efforts through different</p> <p>13 venues, but I was not personally involved in</p> <p>14 that.</p> <p>15 Q. Okay. Are you aware of data</p> <p>16 regarding the numbers of prescription opioids</p> <p>17 dispensed to patients in Summit County over the</p> <p>18 course of time from 2010 to present, for</p> <p>19 example?</p> <p>20 A. I -- I've heard numbers presented</p> <p>21 here and there, something like 62 pills for</p> <p>22 every person, man, woman, child in Summit</p> <p>23 County.</p> <p>24 Q. Okay. And -- and are you aware,</p> <p>25 one way or another, whether those numbers have</p>

<p style="text-align: right;">Page 202</p> <p>1 gone up, down, or stayed the same since 2010 to 2 present?</p> <p>3 A. I believe those numbers have gone 4 down.</p> <p>5 Q. Okay. Have you seen any 6 information or do you recall any information 7 regarding how opioid overdoses have changed 8 over the same time frame?</p> <p>9 A. No. I mean, I believe that the 10 numbers have gone down because the guidance 11 changed at -- at the state level around 12 prescribing; so, hence, I believe there was a 13 reduction in numbers. In terms of overdoses, I 14 don't know.</p> <p>15 Q. Okay. And -- and to be clear in my 16 last question, I meant any opioids, 17 prescription or illegal opioids --</p> <p>18 A. Ah.</p> <p>19 Q. -- like heroin and Fentanyl.</p> <p>20 A. Okay.</p> <p>21 Q. So with that qualification, have 22 you seen any data indicating whether those -- 23 the number of overdoses from opioids have gone 24 up, down, or remained the same since 2010?</p> <p>25 A. I get a snapshot every day of the</p>	<p style="text-align: right;">Page 204</p> <p>1 Q. So you're not?</p> <p>2 A. Not that I recall seeing anything 3 about that.</p> <p>4 Q. Have you reviewed any information 5 regarding the role of pill mills in Summit 6 County in contributing to the opioid addiction 7 epidemic?</p> <p>8 MS. KEARSE: Object to form.</p> <p>9 A. I haven't reviewed anything, but I 10 do recall years ago when there was quite a bit 11 of information out -- and on Dateline and 12 various news channels, there was information 13 coming out of the governor's office about pill 14 mills and what the governor was doing to shut 15 them down and to shut down the pipeline to Ohio 16 for those things.</p> <p>17 I wasn't as close to it. That was 18 really more law enforcement involved at that 19 point.</p> <p>20 Q. And so --</p> <p>21 A. Probably still.</p> <p>22 Q. -- so other than just being 23 somebody who read the news or watched the news, 24 your -- your role as an employee of Summit 25 Public Health didn't involve anything to do</p>
<p style="text-align: right;">Page 203</p> <p>1 number of overdoses from the day before and 2 the -- for that week.</p> <p>3 I can't say that I -- you know, I 4 haven't stepped back to look at the big 5 picture, so I can't tell you from one month to 6 the next or from one year to the next what 7 those numbers are like.</p> <p>8 Q. Okay. So you get -- you get daily 9 and up to monthly updates. You don't recall 10 seeing --</p> <p>11 A. Not monthly.</p> <p>12 Q. -- something --</p> <p>13 A. It's weekly.</p> <p>14 Q. Okay. Weekly. I'm sorry.</p> <p>15 But you don't -- you don't see 16 anything that shows -- or you don't recall 17 seeing anything that shows the breadth of time 18 from 2010 to present regarding opioids?</p> <p>19 A. Right.</p> <p>20 Q. Overdoses?</p> <p>21 A. Yes. And I'm not saying it's not 22 out there; I just don't recall.</p> <p>23 Q. Right. And I just need to know 24 whether you are or not aware of that data.</p> <p>25 A. Yeah.</p>	<p style="text-align: right;">Page 205</p> <p>1 with analysis of pill mills and their -- 2 whether they contributed to the opioid crisis?</p> <p>3 A. My role as -- in public health, 4 yeah, didn't deal with analyzing it. But, you 5 know, there were various meetings throughout 6 the county that take place where you have 7 multiple sectors sitting around the table and 8 the conversations would have been had, whether 9 it was the hospital systems talking about the 10 spike in babies being born with NAS, to police 11 and/or EMS talking about -- I think 12 conversations were being had about the number 13 of opiates that were on the street.</p> <p>14 Q. Okay.</p> <p>15 A. So.</p> <p>16 Q. And then, so is it fair to say that 17 you are aware, from those types of meetings, 18 that pill mill operators were contributing to 19 the supply of illegal opioids on the street?</p> <p>20 MS. KEARSE: Object to form.</p> <p>21 A. I am aware that there were lots of 22 pill mills and that the governor established a 23 task force to shut them down.</p> <p>24 Q. Okay. Are you aware of any 25 information regarding how shutting down those</p>

<p style="text-align: right;">Page 206</p> <p>1 pill mills might have affected the prescription      2 opioids being dispensed in the state of Ohio      3 from 2010 to the present?</p> <p>4 MS. KEARSE: Object to form.</p> <p>5 A. Can you ask me that question again?</p> <p>6 Q. Yeah. So -- so you indicated you      7 were aware of some efforts at the state level      8 to change the laws regarding prescription      9 opioids. And these are my words.</p> <p>10 A. Yes.</p> <p>11 Q. Tell me if they're wrong. But they      12 were targeting pill mill operators?</p> <p>13 A. Yeah. Well, yes.</p> <p>14 Q. Okay. And -- and I'm just curious      15 whether you saw any follow-up information      16 indicating whether those efforts were      17 successful in reducing the amount of pills that      18 were being diverted.</p> <p>19 That's actually not what my      20 question was, so let me ask it a different way.</p> <p>21 Have you seen any analysis      22 indicating that the shut- -- the enforcement      23 actions on pill mills contributed to the      24 decrease in opioids being dispensed from 2010      25 to the present?</p>	<p style="text-align: right;">Page 208</p> <p>1 2010?</p> <p>2 A. Yes.</p> <p>3 MS. KEARSE: Object to form.</p> <p>4 A. I believe so.</p> <p>5 Q. Are you aware of Ohio laws      6 regarding the types of medical practitioners      7 that are permitted to prescribe opioids to      8 patients in the state of Ohio?</p> <p>9 A. No.</p> <p>10 Q. Well, let -- let me ask it this      11 way. Medical doctors can prescribe --</p> <p>12 A. Yes.</p> <p>13 Q. -- opioids, correct?</p> <p>14 A. Yes.</p> <p>15 Q. Were you aware or are you aware of      16 whether or not, for example, dentists can      17 prescribe opioids?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. Are there certain categories      20 of nurses that can prescribe opioids?</p> <p>21 A. Under the direction of a physician.</p> <p>22 Q. And it's your understanding that      23 it's state law that governs the type of medical      24 providers that can prescribe opioids?</p> <p>25 A. Yes, and -- yeah.</p>
<p style="text-align: right;">Page 207</p> <p>1 MS. KEARSE: Object to form.</p> <p>2 A. I can't say that I've seen      3 something specific, that specifically says      4 that.</p> <p>5 Q. Have you seen any other analysis      6 regarding the reasons why there are fewer      7 prescription opioids being dispensed currently      8 than there were in 2010?</p> <p>9 A. Well, I've been in --</p> <p>10 MS. KEARSE: Object to form.</p> <p>11 A. -- meetings and they've talked, and      12 there's been discussion about not only the pill      13 mills being shut down, but also the new      14 guidelines for physicians prescribing opiates.      15 I think that there was a significant decrease      16 then with that change. But, yeah, in terms of      17 prescriptions.</p> <p>18 Q. And to be clear, you're talking      19 about guidelines for prescribing opioids --</p> <p>20 A. Yes.</p> <p>21 Q. -- there have been changes in that?</p> <p>22 A. Correct.</p> <p>23 Q. And is it your testimony that those      24 have contributed to the decrease in the amount      25 of opioids being prescribed currently versus</p>	<p style="text-align: right;">Page 209</p> <p>1 Q. Okay. And in this lawsuit, the --      2 if you're aware, there are a number of      3 manufacturers who have been sued by Plaintiffs,      4 manufacturers of the prescription opioids;      5 would you agree? You're aware of that?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. Manufacturers cannot      8 prescribe opioids to patients; would you agree?</p> <p>9 A. Yes.</p> <p>10 Q. And they can't -- they can't      11 provide opioids to patients without --</p> <p>12 A. A prescription.</p> <p>13 Q. -- a prescription, right.</p> <p>14 A. Yes.</p> <p>15 Q. So a patient needs a prescription      16 to get them legitimately?</p> <p>17 A. Yes.</p> <p>18 Q. Okay. And pharmacies can't      19 dispense opioids to patients without a      20 prescription --</p> <p>21 A. That's correct.</p> <p>22 Q. -- agreed?</p> <p>23 A. Yes.</p> <p>24 Q. And do you have an understanding of      25 how any medication gets from a manufacturer to</p>

<p style="text-align: right;">Page 210</p> <p>1 a pharmacy? The supply chain?</p> <p>2 A. No.</p> <p>3 Q. Have you heard of distributors --</p> <p>4 third-party distributors of opioids like</p> <p>5 Cardinal Health, McKesson?</p> <p>6 A. I didn't -- I don't understand the</p> <p>7 relationship between them and --</p> <p>8 Q. Okay. Regardless, a patient --</p> <p>9 strike that.</p> <p>10 Have you provided any information</p> <p>11 to anyone -- either at Summit Public Health,</p> <p>12 City of Akron, Summit County -- analyzing the</p> <p>13 amounts of money that Summit Public Health has</p> <p>14 spent on opioid-related programs since 2010?</p> <p>15 A. I have not.</p> <p>16 Q. Are you aware of any analysis like</p> <p>17 that that's been done?</p> <p>18 A. Not that I've seen. That's not to</p> <p>19 say that there hasn't been one done. I've not</p> <p>20 seen it. I've not had any conversations about</p> <p>21 it.</p> <p>22 Q. Okay. And so you're not aware of</p> <p>23 anything?</p> <p>24 A. Correct.</p> <p>25 MR. NAEEM: Ms. Block, I don't</p>	<p style="text-align: right;">Page 212</p> <p>1 Q. Okay. Have you had a chance to</p> <p>2 review any of the complaints, the operative</p> <p>3 complaints, in this case?</p> <p>4 A. I did not review the complaints.</p> <p>5 MS. KEARSE: Asked and answered as</p> <p>6 well.</p> <p>7 Q. Do you know which prescription</p> <p>8 pharmaceutical distributors that the County</p> <p>9 sued?</p> <p>10 A. No. I know that there were</p> <p>11 several. I don't know which specific ones.</p> <p>12 Q. Have you ever heard of my client,</p> <p>13 AmerisourceBergen, before today?</p> <p>14 A. No.</p> <p>15 Q. Have you ever heard of -- and</p> <p>16 Mr. Naeem asked you this earlier, but I'll ask</p> <p>17 you again. Have you ever heard of Cardinal</p> <p>18 Health?</p> <p>19 A. Yes.</p> <p>20 Q. And in what capacity have you heard</p> <p>21 of Cardinal Health?</p> <p>22 A. That they're an insurance provider,</p> <p>23 and that they -- we actually have a grant from</p> <p>24 them, so.</p> <p>25 Q. Are you at all familiar with</p>
<p style="text-align: right;">Page 211</p> <p>1 think I have any questions for you. I know</p> <p>2 that some of my colleagues down at the end of</p> <p>3 the table have some questions. And I don't</p> <p>4 think I'll have any follow-up, but I -- I</p> <p>5 appreciate your time. Thank you very much.</p> <p>6 THE WITNESS: Thank you.</p> <p>7 MS. KEARSE: Are we going to take a</p> <p>8 break now to transition?</p> <p>9 THE VIDEOGRAPHER: Let's go off the</p> <p>10 record, 2:27.</p> <p>11 (A recess was taken.)</p> <p>12 THE VIDEOGRAPHER: We're back on</p> <p>13 the record, 2:55.</p> <p>14 EXAMINATION OF TONYA BLOCK</p> <p>15 BY MR. BORANIAN:</p> <p>16 Q. Good afternoon, Ms. Block. Are you</p> <p>17 ready to resume?</p> <p>18 A. I -- Yes.</p> <p>19 Q. Okay. My name is Steven Boranian.</p> <p>20 I represent AmerisourceBergen Drug Corporation.</p> <p>21 Are you aware that Summit County</p> <p>22 and Summit County Public Health have filed this</p> <p>23 lawsuit alleging damages resulting from the use</p> <p>24 and abuse of opioids?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 213</p> <p>1 Cardinal Health's business as a prescription</p> <p>2 drug distributor?</p> <p>3 A. No.</p> <p>4 Q. And what is the grant that you have</p> <p>5 with Cardinal Health?</p> <p>6 A. It's for recovery coaches to help</p> <p>7 link individuals leaving the jails to services.</p> <p>8 Q. Have you heard of McKesson</p> <p>9 Corporation?</p> <p>10 A. Yes.</p> <p>11 Q. And in what capacity have you</p> <p>12 heard --</p> <p>13 A. Just that I'm --</p> <p>14 Q. -- of McKesson?</p> <p>15 A. -- familiar with the name.</p> <p>16 Q. Okay. The person seated to your</p> <p>17 left is taking down everything we're saying, so</p> <p>18 make sure you wait for me to finish --</p> <p>19 A. Oh, okay.</p> <p>20 Q. -- before you answer.</p> <p>21 A. Okay.</p> <p>22 Q. Can you name any other of the</p> <p>23 prescription drug distributors that are named</p> <p>24 in the complaint?</p> <p>25 A. No.</p>

<p style="text-align: right;">Page 214</p> <p>1 Q. Now, over the last 11 years in your 2 capacity first as a director of community and 3 then currently as the assistant health 4 commissioner, have you developed any 5 understanding of what a prescription drug 6 distributor does?</p> <p>7 A. A prescription drug distributor?</p> <p>8 Q. Correct.</p> <p>9 A. No.</p> <p>10 Q. So, for example, do you know if 11 prescription drug distributors manufacture --</p> <p>12 A. I believe they --</p> <p>13 Q. -- pharmaceuticals?</p> <p>14 A. That -- that was my understanding, 15 that they manufacture. That's what I --</p> <p>16 So when you say distributor, it's 17 just a bit confusing for me.</p> <p>18 Q. And upon what do you base your 19 belief that prescription drug distributors 20 actually manufacture pharmaceuticals?</p> <p>21 A. I have -- I wasn't familiar with 22 the term "prescription drug distributors."</p> <p>23 Q. Okay.</p> <p>24 A. So pharmaceutical companies, I --</p> <p>25 my understanding is that pharmaceutical</p>	<p style="text-align: right;">Page 216</p> <p>1 prescription drug manufacturers and 2 prescription drug distributors do different 3 things.</p> <p>4 A. Okay.</p> <p>5 Q. Do you have any basis to disagree 6 with that statement?</p> <p>7 A. No.</p> <p>8 Q. Now, other than the assumption that 9 you just stated, do you have any knowledge, any 10 facts, upon which you can say that prescription 11 drug distributors manufacture pharmaceuticals?</p> <p>12 A. No.</p> <p>13 Q. Do you know if prescription drug 14 distributors ever interact with patients?</p> <p>15 A. I do not believe so.</p> <p>16 Q. Do you know if prescription drug 17 manufacturers ever interact directly with 18 physicians who prescribe drugs?</p> <p>19 A. I don't know.</p> <p>20 Q. Do prescription drug distributors 21 actually write prescriptions?</p> <p>22 A. I wouldn't believe so.</p> <p>23 Q. Doctors do that, correct?</p> <p>24 MS. KEARSE: Object to --</p> <p>25 A. They do.</p>
<p style="text-align: right;">Page 215</p> <p>1 companies develop pharmaceuticals.</p> <p>2 Q. And, in fact, you understand that 3 Summit County and Summit County Public Health 4 have sued a number of prescription drug 5 manufacturers, true?</p> <p>6 A. Yes. That's -- yes.</p> <p>7 Q. So my question is, upon what do you 8 base the statement that you just made that 9 prescription drug distributors actually 10 manufacture pharmaceuticals?</p> <p>11 A. I assume that they were one and the 12 same. When you say prescription drug 13 manufacturers, I assume that, for example, 14 McKesson was a manufacturer. So if that's not 15 true, then that's all I'm familiar with.</p> <p>16 Q. That's your assumption, correct?</p> <p>17 A. My assumption that that's all I'm 18 familiar with?</p> <p>19 Q. It's your assumption that McKesson, 20 for example, manufactures pharmaceuticals.</p> <p>21 A. Yes.</p> <p>22 MS. KEARSE: Object to the form.</p> <p>23 Q. That's what you just said, right?</p> <p>24 A. Yes.</p> <p>25 Q. Okay. I'll represent to you that</p>	<p style="text-align: right;">Page 217</p> <p>1 Q. In your experience as a director of 2 community health and then as assistant health 3 commissioner, have you ever seen any marketing 4 of prescription drugs by a prescription drug 5 distributor?</p> <p>6 A. No.</p> <p>7 Q. Do you know if prescription drug 8 distributors have any role in preparing the 9 written warnings that come along with 10 prescription drugs?</p> <p>11 A. I don't know.</p> <p>12 Q. Do prescription drug distributors 13 fill prescriptions?</p> <p>14 MS. KEARSE: Objection.</p> <p>15 A. No.</p> <p>16 Q. Pharmacies do that, right?</p> <p>17 A. Yes.</p> <p>18 MS. KEARSE: Objection.</p> <p>19 Q. Do you know what a drug formulary 20 is?</p> <p>21 A. I have a sense of what it is from 22 my perspective as a -- someone who has health 23 insurance.</p> <p>24 Q. And I think you said earlier you 25 worked in a hospital setting --</p>

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<p>1 A. Yes.</p> <p>2 Q. -- in the past, correct?</p> <p>3 A. Yes.</p> <p>4 Q. So is it fair to say a drug formulary is a list of drugs that are available within a certain facility?</p> <p>7 A. That's my understanding.</p> <p>8 Q. Do prescription drug distributors have any role in determining any facility's drug formulary?</p> <p>11 A. I don't know.</p> <p>12 Q. Do you understand the process under which the Drug Enforcement Administration sets quotas for the manufacturing of controlled substances?</p> <p>16 A. No.</p> <p>17 Q. Do you know if distributors have any part in that process?</p> <p>19 A. No.</p> <p>20 Q. If a distributor sells a given medicine, including opioids, to a particular pharmacy, does that distributor know how much of the same medication that pharmacy bought from a different distributor?</p> <p>25 MS. KEARSE: Object to form.</p>	<p>1 question, please? (Record read.)</p> <p>3 A. I wouldn't think so.</p> <p>4 Q. Do prescription drug distributors have any knowledge of what a patient actually does with his or her prescription medication?</p> <p>7 MS. KEARSE: Objection.</p> <p>8 THE WITNESS: Do I answer when you say "objection"?</p> <p>10 MS. KEARSE: Yes. Yeah, you can answer, even if your same answer is you don't know, you don't know.</p> <p>13 THE WITNESS: Oh, okay.</p> <p>14 MR. BORANIAN: So if she tells you not to answer --</p> <p>16 THE WITNESS: Then don't answer.</p> <p>17 MR. BORANIAN: -- then you don't answer.</p> <p>19 THE WITNESS: Okay.</p> <p>20 MR. BORANIAN: But she hasn't done that yet --</p> <p>22 THE WITNESS: Okay.</p> <p>23 MR. BORANIAN: -- but -- and I doubt that she will, but --</p> <p>25 THE WITNESS: Okay.</p>
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<p>1 A. I don't know.</p> <p>2 Q. Do you know what HIPAA refers to?</p> <p>3 A. Yes.</p> <p>4 Q. That's the federal law that protects patient privacy, correct?</p> <p>6 A. Yes.</p> <p>7 Q. Does a drug distributor know the identity of patients to whom their distributed products are actually prescribed?</p> <p>10 MS. KEARSE: Objection.</p> <p>11 THE WITNESS: Do I need to answer?</p> <p>12 MR. BORANIAN: You can answer.</p> <p>13 THE WITNESS: Oh.</p> <p>14 MR. BORANIAN: The question is do you know.</p> <p>16 MS. KEARSE: Yeah. I mean, she's already testified she doesn't have direct knowledge about distributor information on there, too, so if you want her to keep saying "I don't know," she can go down that road, but --</p> <p>22 MR. BORANIAN: Do you want the question repeated, ma'am?</p> <p>24 THE WITNESS: Please.</p> <p>25 MR. BORANIAN: Can you repeat the</p>	<p>1 MS. KEARSE: Well, suggesting -- you're kind of asking questions she's already said she doesn't have any knowledge about, but if you want to waste your time that way go right ahead.</p> <p>6 MR. BORANIAN: Well, then I'll use my time that way.</p> <p>8 MS. KEARSE: Then you can use your time that way.</p> <p>10 MR. BORANIAN: Do you want the question back again, ma'am?</p> <p>12 THE WITNESS: Yes, please. (Record read.)</p> <p>14 A. I don't think so.</p> <p>15 Q. Do distributors know a patient's diagnosis?</p> <p>17 A. An individual? I don't know. No, I -- no.</p> <p>19 Q. Do distributors know anything about what the patient has tried in terms of other medications, whether the patient has any history of addiction, any of those things?</p> <p>23 MS. KEARSE: Objection.</p> <p>24 A. I don't know.</p> <p>25 Q. Mr. Naeem asked you briefly about</p>

<p style="text-align: right;">Page 222</p> <p>1 the regulation of prescription drugs.      2 Let me just ask you first, are you      3 familiar with any of the regulations that      4 prescription drug distributors have to follow?      5 A. No.      6 Q. So, for example, are you familiar      7 with any regulations that the State of Ohio      8 imposes on distributors?      9 A. No.      10 Q. Have you had any interaction at all      11 during your time in public health with the Ohio      12 Board of Pharmacy?      13 A. No.      14 Q. So are you familiar with any of the      15 regulations that the Ohio Board of Pharmacy      16 might impose on distributors?      17 A. No.      18 Q. Are you familiar at all with the      19 federal regulation of drug distributors?      20 A. No.      21 Q. Have you ever had any conversation      22 with any representative of a drug distributor,      23 other than myself?      24 A. No.      25 Q. Have you ever heard the term</p>	<p style="text-align: right;">Page 224</p> <p>1 Q. Do you remember that?      2 A. Yes.      3 Q. And which task force were you      4 referring to there?      5 A. It's the Summit County opioid task      6 force.      7 Q. Okay. And I think you said you      8 last went to a meeting a couple years ago,      9 right?      10 A. Yes.      11 Q. When was the first time you went to      12 a meeting of the Summit County opioid task      13 force?      14 A. When it was established, and that      15 was probably late '14, I believe.      16 Q. So if we were to look up --      17 A. Late '14, maybe '15.      18 Q. So if we were to look up the date      19 and really nail that date down, that --      20 A. I --      21 Q. -- that would be -- that would be      22 the first time you went?      23 A. I went when it was initially      24 established, so I don't know if that was the      25 actual date.</p>
<p style="text-align: right;">Page 223</p> <p>1 "suspicious order"?      2 A. No.      3 Q. Are you aware of any connection      4 between any specific order of prescription      5 drugs shipped by a Distributor Defendant and an      6 individual in Summit County who overdosed on      7 opioids?      8 MS. KEARSE: Object to form.      9 A. No.      10 Q. Do you have any information or are      11 you aware of any link between any specific      12 order shipped by a Distributor Defendant and an      13 individual in Summit County who became addicted      14 to opioids?      15 A. No.      16 Q. Do you have any knowledge or any      17 awareness of any link between any specific      18 order shipped by a Distributor Defendant and an      19 individual in Summit County who abused opioids?      20 MS. KEARSE: Objection.      21 A. No.      22 Q. You testified a little bit earlier      23 about your involvement with an opioid task      24 force.      25 A. Yes.</p>	<p style="text-align: right;">Page 225</p> <p>1 Q. Have you ever heard the term "drug      2 diversion"?      3 A. No.      4 Q. Are you aware of any connection      5 between any shipment of opioids from any      6 distributor and any diversion of opioids within      7 Summit County?      8 A. No.      9 Q. Are you aware of any criminal act      10 attributable to any Distributor Defendant --      11 A. No.      12 Q. -- during --      13 MR. BORANIAN: Let me show you a      14 few documents. This will be Exhibit 8? Seven.      15 - - - - -      16 (Thereupon, Deposition Exhibit 7,      17 10/9/2008 E-Mail from Kathleen      18 Oberlin to Tonya Block Re: First      19 Lady FCFC Visit Challenges and      20 Issues, with Attachment,      21 SUMMIT_001714776 to 001714811, was      22 marked for purposes of      23 identification.)      24 - - - - -      25 Q. So Exhibit 7, the first page is</p>

<p style="text-align: right;">Page 226</p> <p>1 numbered, in the lower right-hand corner, 2 SUMMIT 001714776. And it's an e-mail from 3 Kathleen Oberlin to you dated October 9th, 4 2008.</p> <p>5 Is that all true, Ms. Block?</p> <p>6 A. Yes.</p> <p>7 Q. Who is Kathleen Oberlin?</p> <p>8 A. Kathleen worked for the state 9 mental health board.</p> <p>10 Q. The subject is -- is "Forward: 11 First Lady FCFC visit challenges and issues."</p> <p>12 Is that what it says?</p> <p>13 A. Yes.</p> <p>14 Q. And she's forwarding this e-mail to 15 you with the attachment "For Your Eyes Only," 16 right?</p> <p>17 A. Yes.</p> <p>18 Q. So if you look at the attachment, 19 it's a document entitled "OFCF Cabinet 20 Council," and that stands for Ohio Family and 21 Children First, correct?</p> <p>22 A. That's correct.</p> <p>23 Q. And is that an organization that 24 you've been affiliated with in the past?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 228</p> <p>1 Q. Do you know what the First Lady's 2 88-county FCFC visit refers to?</p> <p>3 A. Yes.</p> <p>4 Q. What is that?</p> <p>5 A. She made a series of visits to 6 every -- every county in the state to get a 7 sense of the challenges that each county was 8 facing and attempting to prioritize things that 9 they wanted to work on.</p> <p>10 Q. And who was the First Lady in July 11 of 2008, if you remember?</p> <p>12 A. Yeah. It was the governor before 13 Kasich. Strickland. Governor -- yeah.</p> <p>14 Q. Okay.</p> <p>15 A. It was Mrs. Strickland. I can't 16 remember her first name.</p> <p>17 Q. This is -- this is more than 10 18 years ago, right?</p> <p>19 A. Yeah.</p> <p>20 Q. So sorry to test your memory that 21 way.</p> <p>22 A. It's okay.</p> <p>23 Q. So if you turn to the section 24 called "Substance Abuse Challenges and Issues," 25 it's on page 25 of the report. The Bates</p>
<p style="text-align: right;">Page 227</p> <p>1 Q. In what capacity?</p> <p>2 A. I came to Summit County as the 3 Family and Children First council director, the 4 local director. It's a mandated state 5 organization. Every county has to have one.</p> <p>6 Q. And so you were the director for 7 Summit County?</p> <p>8 A. Yes.</p> <p>9 Q. And so that's a state mandate.</p> <p>10 Does that come along with state funding, too?</p> <p>11 A. \$15,750.</p> <p>12 Q. Is that in -- when was that being 13 the amount?</p> <p>14 A. That is -- has been the amount 15 every year since it --</p> <p>16 Q. Okay.</p> <p>17 A. -- came into inception.</p> <p>18 Q. So this document is subtitled 19 "First Lady's 88-County FCFC Visits, 20 Prioritized Challenges and Issues, July 2008."</p> <p>21 A. Yes.</p> <p>22 Q. Do you recall receiving this 23 document?</p> <p>24 A. I don't recall receiving it, but 25 I -- yeah, I'm sure I received it.</p>	<p style="text-align: right;">Page 229</p> <p>1 number in the lower right-hand corner is 2 001714803.</p> <p>3 A. Uh-huh.</p> <p>4 Q. Are you with me?</p> <p>5 A. Yes.</p> <p>6 Q. So this is under -- so this is in a 7 report that is identifying priorities and 8 challenges, right?</p> <p>9 A. Uh-huh.</p> <p>10 Q. And it says here, at the very top, 11 "Service Barrier/Gaps." First bullet point, 12 "Drug problem has escalated, but services seem 13 to have decreased, especially prevention."</p> <p>14 Is that what it says?</p> <p>15 A. Yes.</p> <p>16 Q. And then the second bullet point -- 17 the second solid bullet point below that, it 18 says, "More parents are using drugs, which is 19 creating more at-risk children and more in 20 foster care. More babies being born to mothers 21 who use."</p> <p>22 Is that what this report reflects?</p> <p>23 A. Yes.</p> <p>24 Q. The next bullet point is, "No AOD 25 residential facilities in rural counties." Is</p>

<p style="text-align: right;">Page 230</p> <p>1 that correct?</p> <p>2 A. Yes.</p> <p>3 Q. What does "AOD" stand for in this</p> <p>4 context?</p> <p>5 A. Alcohol and other drugs.</p> <p>6 Q. And that's a term of art that's</p> <p>7 often used in your industry, right?</p> <p>8 A. Yes.</p> <p>9 Q. So if you go to the second to last</p> <p>10 bullet point, "Experiencing physicians</p> <p>11 prescribing pain medications that find its way</p> <p>12 to schools, communities, and clients."</p> <p>13 That's what it says, right?</p> <p>14 A. Yes.</p> <p>15 Q. "Need to look at volume of pain</p> <p>16 medication being prescribed by physician, find</p> <p>17 a way to track this."</p> <p>18 That's what it says, right?</p> <p>19 A. Yes.</p> <p>20 Q. So in October of 2008, Ms. Oberlin</p> <p>21 forwarded this report to you that contained</p> <p>22 these reports and findings, correct?</p> <p>23 A. Uh-huh.</p> <p>24 Q. And you received this report,</p> <p>25 right?</p>	<p style="text-align: right;">Page 232</p> <p>1 MR. BORANIAN: Okay. This will be</p> <p>2 Exhibit 8.</p> <p>3 - - - - -</p> <p>4 (Thereupon, Deposition Exhibit 8,</p> <p>5 11/23/2010 E-Mail from Joe Gidley</p> <p>6 Re: CFHS Minutes and Agenda for</p> <p>7 December 2, 2010, with Attachment,</p> <p>8 SUMMIT_001711478 to 001711481, was</p> <p>9 marked for purposes of</p> <p>10 identification.)</p> <p>11 - - - - -</p> <p>12 Q. Ms. Block, Exhibit 8 is a document</p> <p>13 with the Bates number in the lower right-hand</p> <p>14 corner SUMMIT 001711478. And this is an e-mail</p> <p>15 from Joe Gidley dated November 23, 2010. And</p> <p>16 if you look at that long list of recipients,</p> <p>17 you're the last one listed; is that correct?</p> <p>18 A. Yes.</p> <p>19 Q. Did you receive this e-mail and its</p> <p>20 attachment on or about November 23, 2010?</p> <p>21 A. I assume so, yes.</p> <p>22 Q. So the subject line is, "CFHS</p> <p>23 minutes and agenda for December 2, 2010,"</p> <p>24 right?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">Page 231</p> <p>1 A. Yes.</p> <p>2 Q. And did you appreciate, at the</p> <p>3 time, that the use and abuse of opioids was</p> <p>4 creating a public health issue?</p> <p>5 MS. KEARSE: Object to form.</p> <p>6 A. Yes. Well, we -- this is when --</p> <p>7 back in 2008, when I was the FCFC director, the</p> <p>8 piece that resonated with me was the more</p> <p>9 babies being born to mothers who abuse. Those</p> <p>10 were the conversations being had around the</p> <p>11 table at that time in the role that I was in.</p> <p>12 Q. "At the time" meaning October of</p> <p>13 2008, correct?</p> <p>14 A. Yes. The other thing is that this</p> <p>15 is not specific to Summit County. This is a</p> <p>16 statewide report, and so these are comments</p> <p>17 that were compiled from various counties, not</p> <p>18 just here.</p> <p>19 Q. Okay. It was forwarded to you in</p> <p>20 2008, and at the time, you were the director of</p> <p>21 community health, true?</p> <p>22 A. Yes.</p> <p>23 Q. And were you also at that time in</p> <p>24 your role with the Family and Children First?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 233</p> <p>1 Q. So who's Mr. Gidley?</p> <p>2 A. Joy. It's one of our secretaries.</p> <p>3 Q. I'm sorry, joy Gidley. I said Joe</p> <p>4 earlier.</p> <p>5 A. That's okay.</p> <p>6 Q. Yeah. Joy, J-o-y.</p> <p>7 A. Yes.</p> <p>8 Q. So Ms. Gidley forwarded to you the</p> <p>9 agenda for a Thursday, December 2, 2010, child</p> <p>10 and family health services meeting, right?</p> <p>11 A. Yes.</p> <p>12 Q. And the first item on the agenda is</p> <p>13 the approval of the minutes from the October 7,</p> <p>14 2010, meeting, right?</p> <p>15 A. Yes.</p> <p>16 Q. And those are attached here, the</p> <p>17 page following --</p> <p>18 A. Okay.</p> <p>19 Q. -- true?</p> <p>20 A. Yes.</p> <p>21 Q. Are these the October 7, 2010,</p> <p>22 minutes?</p> <p>23 A. I assume so, yes.</p> <p>24 Q. And you attended this meeting;</p> <p>25 you're listed there as the fourth in order on</p>

<p style="text-align: right;">Page 234</p> <p>1 the attendance list, right?</p> <p>2 A. Yes.</p> <p>3 Q. And under "Approval of Minutes,"</p> <p>4 that first item, you seconded the approval of</p> <p>5 the minutes, so you must have read them, right?</p> <p>6 A. Yes.</p> <p>7 Q. Okay. Let's look at new business</p> <p>8 on the next page. This page is numbered</p> <p>9 001711481.</p> <p>10 A. Oh, this is -- yeah. Sorry.</p> <p>11 Q. What did you just recall there?</p> <p>12 A. Nothing.</p> <p>13 Q. Okay. It says there "Sue Sorboro</p> <p>14 stated that the number of days that an infant</p> <p>15 is a patient in NICU for withdrawal of drug</p> <p>16 exposure is increasing. Neonatal abstinence</p> <p>17 syndrome has doubled from the previous year."</p> <p>18 That's what it says, right?</p> <p>19 A. Yes.</p> <p>20 Q. So who is Sue Sorbono -- Sorboro?</p> <p>21 A. She was a rep -- she was one of</p> <p>22 the representatives from Children's Hospital.</p> <p>23 Q. So did she come to the Thursday,</p> <p>24 December 2, 2010, meeting and report to you all</p> <p>25 these findings regarding infants?</p>	<p style="text-align: right;">Page 236</p> <p>1 Q. And you had discussion about</p> <p>2 getting the word out through a press release?</p> <p>3 A. Yes.</p> <p>4 Q. And this discussion occurred on</p> <p>5 October 7, 2010, right?</p> <p>6 A. Yes.</p> <p>7 Q. And you had that discussion because</p> <p>8 the use and potential abuse of opiates was, at</p> <p>9 that time, a significant public health problem,</p> <p>10 right?</p> <p>11 MS. KEARSE: Object to form.</p> <p>12 A. Always -- yes, and certainly an</p> <p>13 increase.</p> <p>14 Q. Were you finished, Ms. Block?</p> <p>15 A. Yes.</p> <p>16 Q. Okay, sorry.</p> <p>17 This will be Exhibit 9, Ms. Block.</p> <p>18 - - - - -</p> <p>19 (Thereupon, Deposition Exhibit 9,</p> <p>20 June 2012 E-Mail Chain Re: ADM Board</p> <p>21 - Draft Community Plan, with</p> <p>22 Attachment, SUMMIT_001702355 to</p> <p>23 001631373, was marked for purposes</p> <p>24 of identification.)</p> <p>25 - - - - -</p>
<p style="text-align: right;">Page 235</p> <p>1 A. I think that was -- December?</p> <p>2 Q. Strike that. October 2010.</p> <p>3 A. Yes.</p> <p>4 Q. And did you have a discussion at</p> <p>5 the time, on October 7, 2010, about composing a</p> <p>6 press release from the Summit County Health</p> <p>7 District to create awareness on the data of</p> <p>8 patients addicted to opiates?</p> <p>9 A. Yes. I think -- I recall that.</p> <p>10 Q. What did you all discuss?</p> <p>11 A. Well, this is the Maternal Child</p> <p>12 Health Grant. That's CFHS. This grant is</p> <p>13 responsible for putting programs and services</p> <p>14 in place for individuals who are pregnant,</p> <p>15 preconception, or recently delivered. And so</p> <p>16 we discussed whether or not that would be</p> <p>17 helpful, who the audience should be, and what</p> <p>18 the tone of the message should be, as I recall.</p> <p>19 Q. So Ms. Sorboro -- or is it</p> <p>20 Dr. Sorboro?</p> <p>21 A. I believe it's Ms.</p> <p>22 Q. So Ms. Sorboro was reporting to you</p> <p>23 a public health issue relating to infants and</p> <p>24 opiates, right?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 237</p> <p>1 Q. So the first page of Exhibit 9 is</p> <p>2 page number SUMMIT 001702355, and this is an</p> <p>3 e-mail from you to Kerry Kernen dated June 28,</p> <p>4 2012. Is that all true?</p> <p>5 A. Yes.</p> <p>6 Q. And you've copied Donna Skoda, who</p> <p>7 we've discussed throughout today, correct?</p> <p>8 A. Yes.</p> <p>9 Q. You're a direct report to</p> <p>10 Ms. Skoda, right?</p> <p>11 A. That's correct.</p> <p>12 Q. Were you a direct report to</p> <p>13 Ms. Skoda on June 28, 2012?</p> <p>14 A. No. I reported to Gene Nixon.</p> <p>15 Q. And then where did Gene Nixon stand</p> <p>16 in relation to Ms. Skoda?</p> <p>17 A. He was the health commissioner.</p> <p>18 Donna reported to him as well.</p> <p>19 Q. Okay. The subject line is</p> <p>20 "Forward: ADM Board draft community plan"; is</p> <p>21 that right?</p> <p>22 A. Yes.</p> <p>23 Q. What is the ADM Board?</p> <p>24 A. It's -- it's our local alcohol and</p> <p>25 drug mental health agency.</p>

<p style="text-align: right;">Page 238</p> <p>1 Q. Is that an agency separate and 2 apart from the Summit County Health? 3 A. Yes. They're a board, our local 4 board. 5 Q. Is it funded separately from your 6 organization? 7 A. They're levy-funded. 8 Q. Does the ADM ever offer funding to 9 programs that your department administers? 10 A. Yes. 11 Q. And are there any programs that ADM 12 funds for programs within your department that 13 we have not already discussed today? 14 A. Could you repeat that? I'm sorry. 15 Q. Sure. We've discussed a number of 16 programs over the course of today. I don't 17 want to repeat any of it. 18 A. Okay. 19 Q. Are there any ADM-funded programs 20 within your department that we have not yet 21 discussed today? 22 A. Not that I can think of. 23 Q. If we were to want -- if we wanted 24 to drill down on that, would the ADM grants and 25 the programs they support be evident from the</p>	<p style="text-align: right;">Page 240</p> <p>1 forward, how would -- how they would prioritize 2 their funding based on local conditions. And 3 conversations had been had between Jerry and I, 4 or perhaps Jerry and Donna, about the role the 5 health district was going to play above and 6 beyond the -- our AOD services. 7 Q. So take a look at page 8 of this 8 draft community plan. The Bates number is 9 001702363. 10 With me, Ms. Block? 11 A. Yes. 12 Q. So near the bottom it says, No. 3, 13 "What are the challenges within your local 14 system in addressing the finding of the needs 15 assessment"?</p> <p>16 That's what it says, right? 17 A. Yes. 18 Q. And if you go to the next page, the 19 fifth challenge identified, letter E, is opiate 20 epidemic. 21 A. Yes. 22 Q. That's what it says, right? 23 A. Yes. 24 Q. And it reads, "Changes in drug of 25 choice for certain population groups, most</p>
<p style="text-align: right;">Page 239</p> <p>1 department budget? 2 A. I believe so. 3 Q. Would there be any other documents 4 we would want to go to to look for ADM-funded 5 programs? 6 A. Not that I can think of. 7 Q. So in this e-mail, you're sending 8 to Kerry Kernen a copy of the ADM Board draft 9 community plan. Who is Kerry Kernen? 10 A. An assistant director in community 11 health. 12 Q. And is that Ms. Kernen or 13 Mr. Kernen? 14 A. Ms. 15 Q. And what were Ms. Kernen's 16 responsibilities at that time? 17 A. She oversaw clinic services, 18 emergency preparedness, and -- yeah. Those 19 were the two main -- main programs. Yes. 20 Q. So what is this community plan that 21 you were forwarding? 22 A. I believe that this plan was 23 generated from the ID -- ADM Board and ended -- 24 it was, I believe, a plan -- this is a long 25 time ago -- a plan for how they were moving</p>	<p style="text-align: right;">Page 241</p> <p>1 specifically we are witnessing an increase in 2 the overprescribing and/or diversion of 3 opiate-based medications." 4 Is that what it says? 5 A. Yes, it does. 6 Q. Was there an opiate epidemic in 7 Summit County in June of 2012? 8 MS. KEARSE: Object to form. 9 A. That is certainly the term that was 10 being used at the time, and since then. 11 Q. And at the time you were the 12 director of community health, right? 13 A. I was, but this was not generated 14 from my office or the health district. This 15 was generated by the ADM Board. 16 Q. Correct. 17 A. Yes. 18 Q. And you forwarded it to other 19 people, right? 20 A. Yes, my staff. 21 Q. And the ADM Board issued this 22 community plan identifying an opiate epidemic 23 within Summit County as a challenge in June of 24 2012, correct? 25 A. I don't know what you mean by "as a</p>

<p>1 challenge."</p> <p>2 Q. Well, if you look back --</p> <p>3 A. Oh, "a challenge." I</p> <p>4 thought you --</p> <p>5 Q. If you look back at page 8 --</p> <p>6 A. Yes. No. I remember -- I know</p> <p>7 what you're saying.</p> <p>8 Q. So let me ask --</p> <p>9 A. Some of the challenges, yeah.</p> <p>10 Q. So just let me ask it again so</p> <p>11 we're clear.</p> <p>12 So the ADM sent you this report,</p> <p>13 this plan --</p> <p>14 A. Uh-huh.</p> <p>15 Q. -- and you forwarded it in June of</p> <p>16 2012, and the ADM -- which is the board that</p> <p>17 deals with drug addiction, right?</p> <p>18 A. Yes.</p> <p>19 Q. -- the ADM identified as a</p> <p>20 challenge an opiate epidemic within Summit</p> <p>21 County, true?</p> <p>22 A. Yes.</p> <p>23 Q. And you received this plan at that</p> <p>24 time, right?</p> <p>25 A. Yes.</p>	<p>Page 242</p> <p>1 A. It was a recognized problem in</p> <p>2 Summit County.</p> <p>3 Q. My second question is, do you know</p> <p>4 what this refers to when it refers to "per</p> <p>5 Wright State University"?</p> <p>6 A. No.</p> <p>7 Q. Was there a study or a survey done</p> <p>8 by Wright State University?</p> <p>9 A. I don't know.</p> <p>10 Q. Where is Wright State University?</p> <p>11 I'm not from around here.</p> <p>12 A. South of here. I don't know how</p> <p>13 far.</p> <p>14 Q. Okay. It's a local university?</p> <p>15 A. Well, it's in Ohio.</p> <p>16 Q. Fair enough.</p> <p>17 So it goes on to say, "The advent</p> <p>18 of direct-to-consumer prescriptions" -- let me</p> <p>19 start over again.</p> <p>20 "The advent of direct-to-consumer</p> <p>21 prescription marketing in 1997, combined with</p> <p>22 the American Medical Association defining</p> <p>23 'pain' as the fifth vital sign has led to an</p> <p>24 explosion of prescription opiate abuse."</p> <p>25 I'm going to pause there.</p>
<p>1 Q. If you look further in this</p> <p>2 document at page 11 -- the Bates number is</p> <p>3 001702366.</p> <p>4 A. Yes.</p> <p>5 Q. -- there's some discussion there of</p> <p>6 drug trends, right?</p> <p>7 A. Yes.</p> <p>8 Q. And it says, "Different drug trends</p> <p>9 have resulted in different impacts in the</p> <p>10 treatment system. Specific trends we have</p> <p>11 addressed locally include opiates and bath</p> <p>12 salts. The opiate problem has been widely</p> <p>13 recognized in Ohio."</p> <p>14 Let me just pause there.</p> <p>15 Do you agree that the opiate</p> <p>16 problem was widely recognized in Ohio in June</p> <p>17 of 2012?</p> <p>18 A. Yes.</p> <p>19 Q. So going on, "Within the state,</p> <p>20 Summit County had been recognized as a hotspot,</p> <p>21 per Wright State University."</p> <p>22 Let me pause there.</p> <p>23 I have two questions. The first</p> <p>24 is, do you agree that in 2012, Summit County</p> <p>25 was a hotspot for the opiate problem?</p>	<p>Page 243</p> <p>1 In your time in public health,</p> <p>2 either as a director of community health or as</p> <p>3 assistant health commissioner, have you ever</p> <p>4 seen a direct-to-consumer advertisement by a</p> <p>5 drug distributor for an opioid product?</p> <p>6 MS. KEARSE: Object to form.</p> <p>7 A. Not that I'm aware -- not that I'm</p> <p>8 aware of.</p> <p>9 Q. Do you know if prescription drug</p> <p>10 distributors played any role at all in defining</p> <p>11 pain as the fifth vital sign?</p> <p>12 A. I don't know.</p> <p>13 Q. It goes on to say, "This requires</p> <p>14 us to work more in concert with local pain</p> <p>15 management clinics and emergency room</p> <p>16 managers."</p> <p>17 I'm going to pause there.</p> <p>18 So that refers to providers of</p> <p>19 medical care, right?</p> <p>20 A. Yes.</p> <p>21 Q. In other words, doctors who might</p> <p>22 write prescriptions for opioids, true?</p> <p>23 A. That's -- yes.</p> <p>24 Q. And distributors don't write</p> <p>25 prescriptions, do they?</p>

<p style="text-align: right;">Page 246</p> <p>1 MS. KEARSE: Objection.</p> <p>2 A. I don't believe they do.</p> <p>3 Q. So do you know if the ADM or if</p> <p>4 your organization made any plans to work more</p> <p>5 in concert with local pain management clinics</p> <p>6 and emergency room managers --</p> <p>7 A. I don't --</p> <p>8 Q. -- following this?</p> <p>9 A. I don't know what the ADM Board</p> <p>10 did. The health district, this was not</p> <p>11 something that we -- we did not pick this up as</p> <p>12 a strategy for our organization.</p> <p>13 Q. And again, this was sent to you in</p> <p>14 June of 2012, right?</p> <p>15 A. Yes.</p> <p>16 This appendix goes with this?</p> <p>17 Q. It's all part of the same exhibit,</p> <p>18 yes.</p> <p>19 This will be Exhibit 10, Ms. Block.</p> <p>20 - - - -</p> <p>21 (Thereupon, Deposition Exhibit 10,</p> <p>22 7/17/2018 ADM Board Meeting Notice,</p> <p>23 SUMMIT_001631368 to 001631373, was</p> <p>24 marked for purposes of</p> <p>25 identification.)</p>	<p style="text-align: right;">Page 248</p> <p>1 A. No.</p> <p>2 Q. Do you know anybody who is a member</p> <p>3 of the board of directors?</p> <p>4 A. I know some- -- I knew someone. I</p> <p>5 don't know if she's still on board. But</p> <p>6 that's, yeah, one person.</p> <p>7 Q. Okay. And what's her name?</p> <p>8 A. Liz England.</p> <p>9 Q. Do you know --</p> <p>10 A. Oh, maybe -- I guess this will tell</p> <p>11 me, huh?</p> <p>12 Q. It may or may not.</p> <p>13 Let me ask you this first.</p> <p>14 A. Okay.</p> <p>15 Q. The meeting notice is from Joseph</p> <p>16 P. Saporito, board chair, right?</p> <p>17 A. Yes.</p> <p>18 Q. Do you know Mr. Saporito?</p> <p>19 A. I do not.</p> <p>20 Q. If you look at page -- well, I'm</p> <p>21 going to use these -- the Bates number, the --</p> <p>22 A. Okay.</p> <p>23 Q. -- long number. Okay?</p> <p>24 It's page number SUMMIT 001631371.</p> <p>25 And I think it's the third to last page of</p>
<p style="text-align: right;">Page 247</p> <p>1 - - - -</p> <p>2 Q. So this is a document with the</p> <p>3 Bates label in the lower right-hand corner</p> <p>4 SUMMIT 001631368. And it appears to be an ADM</p> <p>5 Board meeting notice and agenda dated July 17,</p> <p>6 2018, right?</p> <p>7 A. Yes.</p> <p>8 Q. So that was just a few months ago,</p> <p>9 true?</p> <p>10 A. Yes.</p> <p>11 Q. Here's my first question. Did you</p> <p>12 receive this meeting notice?</p> <p>13 A. Maybe.</p> <p>14 Q. Did you attend a meeting of the ADM</p> <p>15 in the -- in the Summit County Public Health</p> <p>16 boardroom on Tuesday, July 24, 2018?</p> <p>17 A. No.</p> <p>18 Q. Do you typically attend ADM</p> <p>19 meetings?</p> <p>20 A. No.</p> <p>21 Q. That's not your organization,</p> <p>22 right?</p> <p>23 A. It's not.</p> <p>24 Q. Are you a member of the board of</p> <p>25 directors of the ADM?</p>	<p style="text-align: right;">Page 249</p> <p>1 this --</p> <p>2 A. Yes.</p> <p>3 Q. -- exhibit.</p> <p>4 So it says there in the middle,</p> <p>5 "Executive Director's Report," right?</p> <p>6 A. Yes.</p> <p>7 Q. So let me read just a few</p> <p>8 statements to you.</p> <p>9 MS. KEARSE: And I just -- let me</p> <p>10 just -- I'm going to object. I don't know that</p> <p>11 Ms. Block actually testified to receiving this,</p> <p>12 and I think it's directed to the board of</p> <p>13 directors, so.</p> <p>14 MR. BORANIAN: She testified that</p> <p>15 she did not receive it, I believe.</p> <p>16 MS. KEARSE: Right, yeah. Oh,</p> <p>17 okay. So we're clear.</p> <p>18 MR. BORANIAN: Or she testified --</p> <p>19 THE WITNESS: Oh, I --</p> <p>20 MR. BORANIAN: -- that she may have</p> <p>21 received it, but did not --</p> <p>22 MS. KEARSE: But -- but to the</p> <p>23 board of directors, but I just want to make</p> <p>24 sure she's -- as not familiar with this</p> <p>25 document, so.</p>

<p style="text-align: right;">Page 250</p> <p>1           MR. BORANIAN: Okay.</p> <p>2       Q. It says there, at the fourth bullet</p> <p>3 point, "To date this year, overdose deaths are</p> <p>4 down and overdoses are down."</p> <p>5           I'll pause there.</p> <p>6       So from your point of view as the</p> <p>7 assistant commissioner of public health, do you</p> <p>8 agree that as of July 2018 overdose deaths and</p> <p>9 overdoses were down in Summit County?</p> <p>10      A. I would not debate Jerry on that.</p> <p>11      Q. Who is Jerry?</p> <p>12      A. Craig, the executive director.</p> <p>13 It's his report.</p> <p>14      Q. Very well. So you have no basis</p> <p>15 upon which to disagree with that statement,</p> <p>16 right?</p> <p>17      A. Correct.</p> <p>18      Q. And it goes on to say, "The</p> <p>19 community is experiencing a lag in demand for</p> <p>20 services."</p> <p>21      Do you agree with that statement?</p> <p>22      A. I don't know what that means. A</p> <p>23 lag in demand -- I -- that, I would not have</p> <p>24 thought. I don't know what he's basing it on.</p> <p>25 He's got a different perspective than I do. He</p>	<p style="text-align: right;">Page 252</p> <p>1       Q. So going to the next paragraph, it</p> <p>2 says, "Several factors are at play:</p> <p>3 proliferation of naloxone is keeping users</p> <p>4 safer, the street supply is not as lethal, and</p> <p>5 some significant drug busts have been made over</p> <p>6 the past six months."</p> <p>7       From your point of view in your</p> <p>8 current position in public health, do you agree</p> <p>9 with those statements?</p> <p>10      A. Yes, to the proliferation of</p> <p>11 naloxone. I would agree with that.</p> <p>12      I don't know at all one way or the</p> <p>13 other about how lethal the street supply is.</p> <p>14      And I don't know the extent to</p> <p>15 which drug busts have made a significant</p> <p>16 difference. I just -- I don't know.</p> <p>17      Q. But you agree that the availability</p> <p>18 of naloxone is one of the factors at play in</p> <p>19 decreasing demand for public health services?</p> <p>20      A. I believe it is, yes.</p> <p>21      Q. It goes on to say, "The area is</p> <p>22 also seeing a resurgence in meth and cocaine,</p> <p>23 and Fentanyl is still a major factor in all</p> <p>24 toxicology reports, along with alcohol."</p> <p>25      I'll pause there.</p>
<p style="text-align: right;">Page 251</p> <p>1 funds a lot of the agencies.</p> <p>2       Q. So do you agree that the community</p> <p>3 is experiencing a lag in demand for services?</p> <p>4       A. I don't agree or disagree. I don't</p> <p>5 know.</p> <p>6       Q. Okay. It says further, here,</p> <p>7 "Access to IOP and assessments is almost</p> <p>8 immediate, and there are currently vacant beds</p> <p>9 in the residential programs who are working to</p> <p>10 clear the waiting list."</p> <p>11      The first question is, do you know</p> <p>12 what IOP stands for?</p> <p>13      A. Yes, indi-- individual outpatient</p> <p>14 therapy.</p> <p>15      Q. So do you agree that as of July of</p> <p>16 2018 individual outpatient therapy and</p> <p>17 assessment was almost immediate?</p> <p>18      A. I can see where that is the case,</p> <p>19 yes.</p> <p>20      Q. And do you also agree that there</p> <p>21 are currently vacant beds in the residential</p> <p>22 programs?</p> <p>23      A. I don't -- I don't know at all</p> <p>24 about the beds. I don't know one way or the</p> <p>25 other.</p>	<p style="text-align: right;">Page 253</p> <p>1       None of the Defendants in this suit</p> <p>2 sell meth or cocaine, true?</p> <p>3       A. Yes. I...</p> <p>4       Q. And Fentanyl, Fentanyl is an opioid</p> <p>5 that is commonly produced and sold in an</p> <p>6 illicit and illegal fashion, true?</p> <p>7       MS. KEARSE: Object to form.</p> <p>8       A. I believe so.</p> <p>9       Q. And none of the Defendants in this</p> <p>10 lawsuit sell, distribute, prescribe, dispense</p> <p>11 illicit Fentanyl, true?</p> <p>12       MS. KEARSE: Objection.</p> <p>13       A. I don't know.</p> <p>14       Q. Do you have any reason to believe</p> <p>15 that --</p> <p>16       A. No.</p> <p>17       Q. -- any of the Defendants --</p> <p>18       A. No, I don't, but I -- we</p> <p>19 established that I don't know enough about the</p> <p>20 distribution companies.</p> <p>21       Q. Well, let me just ask you a</p> <p>22 question and then I'll move on.</p> <p>23       A. Okay.</p> <p>24       Q. Do you have any reason to believe</p> <p>25 that any of the Defendants in this lawsuit has</p>

<p style="text-align: right;">Page 254</p> <p>1 engaged in the sale of illicit Fentanyl?      2 MS. KEARSE: Objection.      3 A. No.      4 THE VIDEOGRAPHER: Can I change the      5 video? Can I change the video?      6 MR. BORANIAN: Okay.      7 We're going to change the tape.      8 THE WITNESS: Oh, okay.      9 MR. BORANIAN: Don't go away.      10 THE VIDEOGRAPHER: Going off the      11 record, 3:41.      12 (Off the record.)      13 THE VIDEOGRAPHER: We're back on      14 the record, 3:42.      15 Q. So, Ms. Block, this report refers      16 to alcohol as one of the factors in play,      17 right?      18 A. I'm sorry. Where are you?      19 Q. So we'll go back over the sentence      20 I read before the break.      21 "The area is also seeing resurgence      22 in meth and cocaine, and Fentanyl is still a      23 major factor in all toxicology reports, along      24 with alcohol."      25 That's what it says, right?</p>	<p style="text-align: right;">Page 256</p> <p>1 Prescription Reporting System, also known as      2 OARRS, right?      3 A. Yes.      4 Q. Are you familiar with OARRS?      5 A. Yes.      6 Q. What is OARRS?      7 A. It's the prescription reporting      8 system that the State -- it's their web-based      9 system.      10 Q. Do you, in your current role, have      11 access to data from the OARRS system?      12 A. I do not.      13 Q. If you wanted to gather information      14 about the distribution or prescription of      15 controlled substances, would you have a way to      16 do that?      17 A. I don't believe so.      18 Q. For example, would you be able to      19 contact somebody who did have access to OARRS      20 to run a report for you?      21 A. I don't know.      22 Q. Have you ever tried?      23 A. No.      24 Q. Are you aware of the requirements      25 that prescription drug distributors have in</p>
<p style="text-align: right;">Page 255</p> <p>1 A. Yes.      2 Q. Alcohol has been a public health      3 issue requiring services from your organization      4 for as long as you've been there, right?      5 A. Yes.      6 Q. And alcohol has been a public      7 health issue requiring public health services      8 for long before you got there, true?      9 A. Yes, yes.      10 Q. So overall, the prescription and      11 dispensing of prescription opioids has      12 decreased substantially since 2011; is that      13 right?      14 A. It seems that way, yes.      15 MR. BORANIAN: Let's take a look at      16 this. This will be Exhibit 11.      17 - - - -      18 (Thereupon, Deposition Exhibit 11,      19 Document Titled "OARRS 2016 Annual      20 Report, was marked for purposes of      21 identification.)      22 - - - -      23 Q. Exhibit 11 doesn't have a Bates      24 number. I printed it off the Internet. It's      25 the 2016 annual report from the Ohio Automated</p>	<p style="text-align: right;">Page 257</p> <p>1 terms of reporting to the OARRS system?      2 A. I am aware that there are      3 requirements, yes.      4 Q. So to your knowledge, prescription      5 drug distributors report shipments of      6 controlled substances to the OARRS system,      7 true?      8 MS. KEARSE: Object to form.      9 A. I don't know. I -- I was under the      10 impression that they reported prescriptions      11 that they wrote. I don't know about shipments      12 that they get in.      13 Q. So let's just step back, then.      14 A. Okay.      15 Q. So you're familiar, then, with the      16 requirement that when doctors write      17 prescriptions, then the doctors have to report      18 those prescriptions to OARRS, true?      19 A. That is my understanding.      20 MS. KEARSE: Objection.      21 Q. Do you have any understanding of      22 any other reporting requirements to the OARRS      23 system?      24 A. No.      25 Q. So if there were a requirement for</p>

<p style="text-align: right;">Page 258</p> <p>1 a pharmacy to report prescriptions filled, you 2 wouldn't know -- 3 A. Oh, well -- 4 Q. -- about that, right? 5 A. Yes. But again, that's filled. I 6 didn't -- I thought you were asking me about 7 receiving a supply, a shipment. 8 Q. So are you aware of any reporting 9 requirement for the OARRS system for 10 pharmacies? 11 A. Yes. 12 Q. Are you aware of any reporting 13 requirement for the OARRS system for drug 14 distributors? 15 A. No. 16 Q. Are you aware of any reporting 17 requirement to the OARRS system for drug 18 manufacturers? 19 A. No. 20 Q. So let's take a look at this 2016 21 report. And we'll go to the third page, where 22 it says, "Dear Governor Kasich." 23 You see where I am? I think I'm a 24 little further forward. 25 A. Yes.</p>	<p style="text-align: right;">Page 260</p> <p>1 Q. Do you have any basis to dispute 2 the accuracy of those figures? 3 A. No. 4 Q. And again, is this decrease in 5 prescriptions issued to patients consistent 6 with what you're seeing in a decrease in 7 prescriptions in Summit County? 8 MS. KEARSE: Objection. 9 A. I don't know. But I don't have -- 10 yeah, I don't know. 11 Q. You agree, though, that the number 12 of prescriptions issued for prescription 13 opioids has decreased? 14 MS. KEARSE: Objection. 15 A. I don't disagree. 16 Q. And that's both in Ohio and in 17 Summit County, true? 18 A. I assume so. 19 Q. And those decreases are on the 20 order of 20 percent, right? 21 A. That's what it says here. 22 Q. Do you have any knowledge that 23 you've gained over the years regarding any 24 suspicious order reported by any Distributor 25 Defendant?</p>
<p style="text-align: right;">Page 259</p> <p>1 Q. Do you see where I am there? 2 A. Yes. 3 Q. There's an introductory paragraph 4 there, and it says at the end, "Highlights from 5 the report include." Do you see where I am? 6 A. Yes. 7 Q. It says, "The total doses of 8 opioids dispensed to Ohio patients decreased by 9 162 million doses, or 20.4 percent, from 2012 10 to 2016." Is that what it says? 11 A. It does. 12 Q. Do you have any basis to dispute 13 the accuracy of those figures? 14 A. I do not. 15 Q. And those are consistent with what 16 you're seeing in terms of a decrease in opioids 17 dispensed to patients of Summit County, true? 18 A. Based on the information, yes. 19 Q. And the next bullet point is, "The 20 total number of opioid prescriptions issued by 21 Ohio" -- "issued to Ohio patients decreased by 22 2.5 million, or 20 percent, between 2012 and 23 2016." 24 Is that what it says? 25 A. It does.</p>	<p style="text-align: right;">Page 261</p> <p>1 A. I don't know what that -- 2 MS. KEARSE: Objection. Asked and 3 answered. 4 A. I don't know what that -- no. 5 Q. So you have no -- 6 A. Knowledge. 7 Q. -- experience or knowledge at all 8 with regard to a distributor's obligations to 9 monitor for, detect, and report suspicious 10 orders, right? 11 MS. KEARSE: Objection. Asked and 12 answered. 13 A. Correct. 14 Q. And do you have any basis to 15 dispute that every opioid medicine distributed 16 by Distributor Defendants in this lawsuit was 17 FDA-approved medicine? 18 MS. KEARSE: Objection. 19 A. I have no reason to debate that, 20 no. 21 MR. BORANIAN: That's all I have 22 for now, Ms. Block. Thank you for your 23 patience. 24 THE WITNESS: Thanks. 25 MS. FRANKLIN: Can we take just one</p>

<p>1 final break?</p> <p>2 THE VIDEOGRAPHER: Off the record,</p> <p>3 3:50.</p> <p>4 (A recess was taken.)</p> <p>5 THE VIDEOGRAPHER: We're back on</p> <p>6 the record, 3:55.</p> <p>7 EXAMINATION OF TONYA BLOCK</p> <p>8 BY MS. FRANKLIN:</p> <p>9 Q. Good afternoon, Ms. Block. We met</p> <p>10 briefly this morning, but again, my name is</p> <p>11 Shirlethia Franklin. I'm with Jones Day law</p> <p>12 firm, and I represent Walmart, Inc., in this</p> <p>13 matter.</p> <p>14 A. Okay.</p> <p>15 Q. I'm going to ask you just a few</p> <p>16 follow-up questions, but again, all of the</p> <p>17 house rules that we talked about earlier still</p> <p>18 remain.</p> <p>19 If you need a break at any time,</p> <p>20 even though I'm going to be fairly quick, let</p> <p>21 me know and we can take a break whenever you</p> <p>22 need one.</p> <p>23 A. Okay.</p> <p>24 Q. So first I want to turn quickly</p> <p>25 back to Exhibit 9, the ADM Board draft</p>	<p>Page 262</p> <p>1 Q. And you testified to your</p> <p>2 attendance at this meeting, correct?</p> <p>3 A. Yes.</p> <p>4 Q. You also testified to your</p> <p>5 awareness that discussions took place about</p> <p>6 composing a press release from Summit County</p> <p>7 Health District --</p> <p>8 A. Yes.</p> <p>9 Q. -- to create awareness on the data</p> <p>10 of patients addicted to opiates, correct?</p> <p>11 A. Yes.</p> <p>12 Q. And you agree that there was, in</p> <p>13 fact, an increase in as early as 2010, correct?</p> <p>14 A. Yes.</p> <p>15 Q. So is it fair to say that Summit</p> <p>16 County knew that there was an opiate problem as</p> <p>17 early as 2010?</p> <p>18 MS. KEARSE: Object to form.</p> <p>19 A. We began -- I -- we began seeing an</p> <p>20 increase, and just based on conversations that</p> <p>21 were being had.</p> <p>22 Q. Okay. So -- so, again, is it fair</p> <p>23 to say that the County knew that there was an</p> <p>24 increase or an opiate problem as early as 2010?</p> <p>25 MS. KEARSE: Object to form.</p>
<p>1 community plan.</p> <p>2 A. Yes.</p> <p>3 Q. Okay. When discussing -- let me</p> <p>4 have you turn to page 9.</p> <p>5 So when discussing Section E on</p> <p>6 page 9, and just let me know when you're there.</p> <p>7 A. Okay.</p> <p>8 Q. So Section E, entitled "Opiate</p> <p>9 Epidemic," and you agreed, in your testimony a</p> <p>10 little bit earlier that the opiate problem was</p> <p>11 widely recognized in Ohio in June 2012,</p> <p>12 correct?</p> <p>13 A. Yes.</p> <p>14 Q. And again, June 2012 -- June 28,</p> <p>15 2012, is when you circulated the draft</p> <p>16 community plan to Kerry Kernen; is that</p> <p>17 correct?</p> <p>18 A. Yes.</p> <p>19 Q. Okay. Great. And let me have you</p> <p>20 turn back also to Exhibit 8.</p> <p>21 And from this exhibit, I'm</p> <p>22 specifically referencing the October 7, 2010,</p> <p>23 Summit County Child and Family Health Services</p> <p>24 meeting minutes.</p> <p>25 A. Yes.</p>	<p>Page 263</p> <p>1 A. If you're looking -- I don't</p> <p>2 necessarily represent the entire agency, so I</p> <p>3 sat in meetings where I heard different systems</p> <p>4 talking about the same issue, yes.</p> <p>5 Q. Okay. And -- and including the</p> <p>6 meeting in 2010, correct?</p> <p>7 A. Yes.</p> <p>8 Q. So is it fair to say that in</p> <p>9 attending the meeting, from your own personal</p> <p>10 attendance in 2010, that you heard about the</p> <p>11 discussions of -- of this opiate increase in</p> <p>12 2010?</p> <p>13 A. Yes. We were talking about it as</p> <p>14 it relates to the number of women who were</p> <p>15 giving birth to kids that had NAS.</p> <p>16 Q. And when you say "we were talking</p> <p>17 about it," just for the record, who -- who --</p> <p>18 who are you referring to as "we"?</p> <p>19 A. The other people in the -- you</p> <p>20 know, at the table.</p> <p>21 Q. Okay. And as you were discussing</p> <p>22 these issues in 2010, did the Summit County</p> <p>23 Public Health take any steps to -- to address</p> <p>24 the opiate issues that were presented in 2010?</p> <p>25 A. Well, in 2010 we didn't have a --</p>

<p style="text-align: right;">Page 266</p> <p>1 we didn't have an AOD program. So, you know, 2 at that point that wasn't necessarily our role. 3 Our role was not to address the opioid 4 epidemic.</p> <p>5 Q. Okay.</p> <p>6 A. Yeah. So I can't say that we put 7 together a plan to address it, no.</p> <p>8 Q. Okay. And -- and what about in -- 9 in 2012, when we talked about Exhibit 9, when 10 you acknowledged the opiate epidemic as -- in 11 2012, did the Summit County Public Health 12 Department take any steps in June 2012 or 13 shortly thereafter to address the opiate 14 epidemic?</p> <p>15 MS. KEARSE: Object to form.</p> <p>16 A. Can you repeat the first part of 17 that question?</p> <p>18 Q. Sure, sure.</p> <p>19 MS. FRANKLIN: Can you read it 20 back?</p> <p>21 (Record read.)</p> <p>22 A. We -- well, we -- we're providing 23 services like other behavioral health 24 organizations, having discussions with the ADM 25 Board about whether or not services should be</p>	<p style="text-align: right;">Page 268</p> <p>1 A. Yes.</p> <p>2 Q. Have you provided an updated copy 3 of your resume or CV as a part of this 4 litigation?</p> <p>5 A. No, not to my knowledge. And 6 I don't see why I would --</p> <p>7 Q. So we -- we talked a bit about 8 your -- your background, and particularly your 9 employment history. I just want to confirm 10 your educational background.</p> <p>11 So you -- you have a BA in social 12 work from the University of Akron --</p> <p>13 A. Yes.</p> <p>14 Q. -- Ohio; is that correct?</p> <p>15 A. Yes.</p> <p>16 Q. And what year did you receive the 17 BA?</p> <p>18 A. '91.</p> <p>19 Q. '91? Okay. So bachelor's degree 20 in '91, and you have a master's in social work 21 administration also from the University of 22 Akron; is that correct?</p> <p>23 A. Yes.</p> <p>24 Q. And can you confirm the year you 25 received your master's?</p>
<p style="text-align: right;">Page 267</p> <p>1 expanded.</p> <p>2 I can't say that we had the 3 infrastructure or capacity, as a single entity, 4 to address the opioid epidemic. You know, 5 there are different systems that have to play a 6 role in that, whether it's the city, EMS, the 7 county, police, fire, it's -- the health 8 district alone couldn't address it.</p> <p>9 Q. Sure. And what specific services, 10 in 2012, were you providing to address this 11 issue?</p> <p>12 A. We were providing counseling 13 services.</p> <p>14 Q. Okay.</p> <p>15 A. Prevention services.</p> <p>16 Q. And the counseling and prevention 17 services that you provided weren't specifically 18 focused on opiates solely, correct?</p> <p>19 A. Not solely, no.</p> <p>20 Q. And these were -- these were 21 services that existed prior to 2012?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. Now, I'm going to turn back 24 to Exhibit 2, which I believe you testified is 25 an outdated CV; is that correct?</p>	<p style="text-align: right;">Page 269</p> <p>1 A. '96, '97, maybe.</p> <p>2 Q. '96 or '97?</p> <p>3 A. May have been later than that. I 4 don't -- I don't remember.</p> <p>5 Q. Okay. You can refer back to 6 Exhibit 2, your -- your -- the current -- the 7 version of the CV that we have says 2005.</p> <p>8 A. Well, that's when it would have 9 been.</p> <p>10 Q. Okay. So 2005 for the master's.</p> <p>11 Do you have any other degrees that 12 are not listed on this resume, in addition to 13 the bachelor's and the master's?</p> <p>14 A. No.</p> <p>15 Q. How about any professional 16 certifications?</p> <p>17 A. Well, I'm licensed with the State 18 of Ohio Counselor and Social Worker Board.</p> <p>19 Q. All right. And you testified 20 earlier that you're not an expert on opiates, 21 correct?</p> <p>22 A. Yes.</p> <p>23 Q. And that you were even concerned 24 about testifying because you -- you felt like 25 you weren't an expert in this area; is that</p>

<p>1 correct?</p> <p>2 MS. KEARSE: Objection.</p> <p>3 A. Yes.</p> <p>4 Q. You're also not a physician,</p> <p>5 correct?</p> <p>6 A. Correct.</p> <p>7 Q. Not a pharmacist?</p> <p>8 A. No.</p> <p>9 Q. Okay. And you're not a</p> <p>10 psychologist or a psychiatrist, correct?</p> <p>11 A. No.</p> <p>12 Q. Do you have any background or</p> <p>13 training in medicine at all?</p> <p>14 A. No.</p> <p>15 Q. How about any background or</p> <p>16 training in pharmacology?</p> <p>17 A. No.</p> <p>18 Q. What about epidemiology?</p> <p>19 A. No.</p> <p>20 Q. Any background and training on pain</p> <p>21 management or the treatment of pain?</p> <p>22 A. No.</p> <p>23 Q. And you've already, of course,</p> <p>24 testified you're not a doctor, so I'm assuming</p> <p>25 you're not licensed or qualified to write</p>	<p>Page 270</p> <p>1 Defendants are?</p> <p>2 A. No.</p> <p>3 Oh, you didn't hear -- no.</p> <p>4 Q. Okay.</p> <p>5 A. Oh, yeah. No.</p> <p>6 Q. Are you aware that the County of</p> <p>7 Summit and Summit County Public Health has sued</p> <p>8 Walmart in this case?</p> <p>9 A. Well, I wouldn't have known had you</p> <p>10 not said it.</p> <p>11 Q. Okay. So other than me referencing</p> <p>12 it today, you had no prior knowledge?</p> <p>13 A. Right. I -- I knew that there were</p> <p>14 a number of entities included in the lawsuit.</p> <p>15 Q. Okay. But you didn't have any</p> <p>16 specific knowledge of the --</p> <p>17 A. Which ones, and I didn't read the</p> <p>18 complaint, so I couldn't have named any of</p> <p>19 them.</p> <p>20 Q. Okay. Sure. So would that be the</p> <p>21 same case that you -- you didn't have any</p> <p>22 knowledge that CVS has been sued in the case?</p> <p>23 A. Yeah. No.</p> <p>24 MS. KEARSE: Objection to the form.</p> <p>25 Q. Would the same be true for Rite</p>
<p>1 prescriptions, correct?</p> <p>2 A. Correct.</p> <p>3 Q. Any background or training as it</p> <p>4 specifically relates to the role of pharmacists</p> <p>5 in filling prescriptions?</p> <p>6 A. No.</p> <p>7 Q. Now, you testified earlier that you</p> <p>8 saw the complaint but did not read it, and for</p> <p>9 this litigation; is that correct?</p> <p>10 A. Yes.</p> <p>11 Q. And is there any particular reason</p> <p>12 you didn't read it?</p> <p>13 A. Oh, you've seen it.</p> <p>14 Q. I have seen it.</p> <p>15 A. Yeah.</p> <p>16 Q. Okay. So that's why, the length of</p> <p>17 it?</p> <p>18 A. Well, it just -- yeah.</p> <p>19 Q. Did you have a role in deciding who</p> <p>20 would be defendants in this case?</p> <p>21 A. No.</p> <p>22 Q. Now -- and I know you didn't read</p> <p>23 the complaint, but in the complaint there's a</p> <p>24 group of Defendants referred to as "national</p> <p>25 retail pharmacies." Do you know who those</p>	<p>Page 271</p> <p>1 Aid?</p> <p>2 A. The one system that I am familiar</p> <p>3 with is Cardinal.</p> <p>4 Q. Okay. Okay. So other than --</p> <p>5 than Cardinal, and I think you testified to</p> <p>6 that earlier, so no knowledge that Walgreens</p> <p>7 has been sued.</p> <p>8 A. Correct.</p> <p>9 Q. And I'm also assuming that you</p> <p>10 don't know when these entities -- Walmart, CVS,</p> <p>11 Rite Aid, or Walgreens -- were added as</p> <p>12 Defendants in this case?</p> <p>13 A. Correct.</p> <p>14 Q. Now, excluding anything that --</p> <p>15 that you may have been told by the County's or</p> <p>16 the Summit County Public Health's attorneys, do</p> <p>17 you have any personal knowledge as to why the</p> <p>18 County has sued Walmart or CVS, Rite Aid, or</p> <p>19 Walgreens?</p> <p>20 A. Personal knowledge?</p> <p>21 Q. Do you have any personal</p> <p>22 understanding of why these four entities have</p> <p>23 been sued or are a party in this case?</p> <p>24 A. I --</p> <p>25 MS. KEARSE: Objection.</p>

<p style="text-align: right;">Page 274</p> <p>1 A. I don't know how the systems were 2 identified that were going to be included in 3 it.</p> <p>4 Q. And in your -- your current role as 5 assistant health commissioner and your previous 6 role as director of the community health 7 division --</p> <p>8 A. Uh-huh.</p> <p>9 Q. -- have you ever had any 10 professional contact or interaction, meaning 11 contact in your role, with Walmart?</p> <p>12 A. No.</p> <p>13 Q. What about any professional contact 14 or interaction with CVS?</p> <p>15 A. No. I don't -- no.</p> <p>16 Q. Any professional contact or 17 interaction with Rite Aid?</p> <p>18 A. No.</p> <p>19 Q. How about Walgreens?</p> <p>20 A. No.</p> <p>21 Q. So you've -- you've never had an 22 occasion or an instance where you've -- you've 23 actually proactively reached out to any of 24 these entities, Walmart, CVS, Rite Aid, or 25 Walgreens, for any reason whatsoever,</p>	<p style="text-align: right;">Page 276</p> <p>1 ever made any effort to quantify the cost of 2 opioid abuse as it relates to Summit County 3 Public Health as a part of this litigation?</p> <p>4 MS. KEARSE: Objection.</p> <p>5 A. I have -- I have not.</p> <p>6 Q. Have you ever quant- -- had to 7 quantify the costs related to the opioid abuse?</p> <p>8 A. I have not.</p> <p>9 Q. Are you aware of anyone in your 10 department who has?</p> <p>11 A. I can't -- I can't say. Perhaps 12 Donna Skoda, in speaking with our fiscal 13 department, did.</p> <p>14 Q. And -- and as you sit here today, 15 you can't tie any costs, if any incurred by 16 Summit County Public Health, related to 17 opiates, specifically to Walmart, correct?</p> <p>18 MS. KEARSE: Objection.</p> <p>19 A. Yes, correct.</p> <p>20 Q. Okay. Would the same be true, that 21 you can't tie any -- any costs to any conduct 22 by CVS, Rite Aid, or Walgreens?</p> <p>23 A. Specifically, yes.</p> <p>24 Q. And just to sort of slightly 25 rephrase the same question for clarity, so</p>
<p style="text-align: right;">Page 275</p> <p>1 particularly with assistance with battling the 2 opioid problem?</p> <p>3 A. No.</p> <p>4 MS. KEARSE: Objection to form.</p> <p>5 Q. Do you know if anyone in your 6 department has -- has reached out to any of 7 these entities --</p> <p>8 A. I --</p> <p>9 Q. -- for assistance?</p> <p>10 A. No, but I would -- I doubt it.</p> <p>11 Q. Now, I know Steven asked you 12 earlier, are you aware that Summit County and 13 Summit County Public Health is seeking monetary 14 damages in this --</p> <p>15 A. Yes.</p> <p>16 Q. -- this lawsuit. Do you remember 17 that?</p> <p>18 A. Yes.</p> <p>19 Q. And -- and --</p> <p>20 A. Well, I don't remember that, but I 21 assumed that, yes.</p> <p>22 Q. Okay. You assume that they're 23 seeking monetary damages?</p> <p>24 A. Yes.</p> <p>25 Q. And have you or your department</p>	<p style="text-align: right;">Page 277</p> <p>1 today, as you sit here, you personally cannot 2 point to any specific conduct by Walmart, CVS, 3 Rite Aid, or Walgreens as it relates to any 4 alleged harm caused to the Summit County Public 5 Health Division?</p> <p>6 A. I cannot, but I -- I -- those 7 decisions were made by people at a higher level 8 than I am at.</p> <p>9 Q. Okay. But you have no personal 10 knowledge --</p> <p>11 A. Personally, no.</p> <p>12 Q. -- correct?</p> <p>13 Do you have any personal knowledge 14 of any instance in which any Defendant in this 15 case asked a physician to write an opioid 16 prescription for an individual serviced by 17 Summit County Public Health?</p> <p>18 A. Could you repeat that question?</p> <p>19 Q. Sure. And I can rephrase it if you 20 need more clarity.</p> <p>21 (Record read.)</p> <p>22 A. No.</p> <p>23 Q. Okay. And do you have any personal 24 knowledge of any instance in which a doctor 25 inappropriately prescribed opioids or</p>

70 (Pages 274 - 277)

<p style="text-align: right;">Page 278</p> <p>1 medication to any individual serviced by Summit 2 County Public Health? 3 A. Not -- I don't have any knowledge 4 of that. 5 Q. And do you have any personal 6 knowledge of any instance in which a pharmacy 7 inappropriately filled an improper prescription 8 for an individual serviced by Summit County 9 Public Health? 10 A. I do not. 11 Q. And -- and as you sit here today, 12 you -- you can't identify any public statements 13 made by Walmart with respect to prescription 14 opioids, can you? 15 A. No. 16 Q. Can you identify any public 17 statements made by CVS with respect to 18 prescription opioids? 19 A. I can't say that I can. 20 Q. Okay. And would the same be true 21 for Rite Aid? 22 A. I don't -- not that I -- no. 23 Q. Okay. And how about Walgreens? 24 A. No. 25 Q. We're almost at the end.</p>	<p style="text-align: right;">Page 280</p> <p>1 A. Mink. 2 Q. Mink. 3 And do you recall when you received 4 this request? 5 A. No, but it was recent. It was -- I 6 don't know. It couldn't have been more than 7 two or three months ago. When I was notified 8 that I was going to need to give a deposition. 9 Q. And I -- I couldn't hear. You said 10 something about how many months ago? It 11 couldn't have been how many months? 12 A. I don't think it was more than 13 three. 14 Q. Okay. Not more than three. 15 A. I don't believe so. 16 Q. So maybe later in the summer of 17 2018? 18 MS. KEARSE: Objection. 19 Q. You can answer. 20 A. Yeah, I don't -- I can't tell you 21 any more than I did already. 22 Q. You -- you also testified earlier 23 that your -- you are not of the belief that 24 chronic pain patients should not have access to 25 prescription opioids to treat their pain. Do</p>
<p style="text-align: right;">Page 279</p> <p>1 Earlier this morning you -- you 2 described the process that you went through to 3 collect documents -- 4 A. Uh-huh. 5 Q. -- from your H drive, you mentioned 6 e-mail, and some hard-copy documents; is that 7 correct? 8 A. Yes. 9 Q. Were you ever asked to preserve 10 documents or not throw away documents or delete 11 any documents? 12 A. Yes. 13 Q. And who asked you that? 14 A. Either Anne or Eddie informed me 15 that. 16 Q. So when the IT person reached out 17 about asking you to collect certain documents, 18 the IT person didn't mention anything about 19 preserving or not throwing away any documents? 20 A. Well, it was either Anne or Eddie. 21 I got the information from both of them. I 22 don't remember which one said it first. 23 Q. And is Eddie the IT person? 24 A. Yes. 25 Q. And what's Eddie's last name again?</p>	<p style="text-align: right;">Page 281</p> <p>1 you remember that testimony? 2 A. Yes. 3 Q. And so if -- if a person has 4 received a prescription from a licensed medical 5 professional, would you agree that that person 6 is entitled to have their prescription filled? 7 MS. KEARSE: Objection. 8 A. Have their prescrip- -- if a -- I 9 believe that an individual should be able to 10 fill their -- a prescription that's given by 11 a -- but I can't testify as to whether or not a 12 prescription is appropriately written. I have 13 no idea. 14 Q. Sure. But is -- under the -- the 15 hypothetical or the assumption that the 16 prescription is appropriate and it has been 17 prescribed by a licensed medical professional, 18 do you believe that a person is entitled to 19 have his or her prescription filled? 20 A. Yes. 21 MS. KEARSE: Objection. Asked -- 22 asked and answered. 23 A. Yes. 24 Q. You also agree that pharmacies 25 cannot dispense opioids to patients without a</p>

<p style="text-align: right;">Page 282</p> <p>1 prescription, correct?</p> <p>2 A. Yes.</p> <p>3 Q. And if a pharmacy or pharmacist has</p> <p>4 received a prescription from a licensed medical</p> <p>5 professional, has that pharmacy or pharmacist</p> <p>6 done anything wrong by filling the</p> <p>7 prescription?</p> <p>8 A. No.</p> <p>9 MS. KEARSE: Objection.</p> <p>10 MS. FRANKLIN: Well, thank you very</p> <p>11 much for your time, Ms. Block. I don't have</p> <p>12 any more questions, but I want to turn to my</p> <p>13 co-counsel to see if they have any additional</p> <p>14 questions.</p> <p>15 Anyone on the phone?</p> <p>16 MS. FRANKLIN: Okay. So hearing</p> <p>17 none --</p> <p>18 MS. KEARSE: Okay. Let's go ahead</p> <p>19 and take a break.</p> <p>20 THE VIDEOGRAPHER: Off the record,</p> <p>21 4:17.</p> <p>22 (A recess was taken.)</p> <p>23 THE VIDEOGRAPHER: We're back on</p> <p>24 the record, 4:52.</p> <p>25 EXAMINATION OF TONYA BLOCK</p>	<p style="text-align: right;">Page 284</p> <p>1 server. That would also include your</p> <p>2 documents?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And he could do that with or</p> <p>5 without your knowledge?</p> <p>6 A. Yes.</p> <p>7 Q. And I believe you provided counsel</p> <p>8 information that you actually provided --</p> <p>9 (Telephonic interruption.)</p> <p>10 Q. -- documents when you were notified</p> <p>11 about your deposition request; is that correct?</p> <p>12 A. I'm sorry. What did you say?</p> <p>13 Q. Those telephones.</p> <p>14 When you -- I think I believe you</p> <p>15 testified that you also provided documents when</p> <p>16 you were notified that your deposition had been</p> <p>17 requested; is that correct?</p> <p>18 A. Yes.</p> <p>19 Q. And as we sit here today, you are</p> <p>20 someone with knowledge in regard to Summit</p> <p>21 County's opioid crisis; is that correct?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. And I believe you testified</p> <p>24 that you may not be an expert, per se, in</p> <p>25 dealing with opioid addiction issues; is that</p>
<p style="text-align: right;">Page 283</p> <p>1 BY MS. KEARSE:</p> <p>2 Q. Ms. Block, thank you for being here</p> <p>3 today and answering the questions for counsel.</p> <p>4 Appreciate your time. I know it's been a long</p> <p>5 day. Couple, just want clarifications.</p> <p>6 You were asked today about</p> <p>7 documents and a litigation hold. Do you</p> <p>8 remember those questions?</p> <p>9 A. Yes.</p> <p>10 Q. Okay. Is there any reason, as we</p> <p>11 sit here today, that any documents or e-mails</p> <p>12 relevant to this litigation that you have</p> <p>13 been -- believe have been destroyed since the</p> <p>14 case was filed in November 2017?</p> <p>15 A. No.</p> <p>16 Q. And --</p> <p>17 A. No one --</p> <p>18 Q. Go ahead.</p> <p>19 A. We have a records retention policy,</p> <p>20 so we're not allowed to destroy records</p> <p>21 irrespective of the litigation. There's a</p> <p>22 policy in place that dictates when things are</p> <p>23 destroyed.</p> <p>24 Q. And I believe you testified</p> <p>25 Mr. Mink actually collected documents from the</p>	<p style="text-align: right;">Page 285</p> <p>1 correct?</p> <p>2 A. Yes.</p> <p>3 Q. But as a public health official,</p> <p>4 you are certainly familiar with the opioid</p> <p>5 crisis in Summit County?</p> <p>6 A. Yes.</p> <p>7 MR. NAEEM: Object to form.</p> <p>8 Q. And I'll ask it again. Are you</p> <p>9 someone with knowledge in regards to the Summit</p> <p>10 County's opioid crisis?</p> <p>11 A. Yes.</p> <p>12 Q. And I believe we established you</p> <p>13 currently serve as the assistant health</p> <p>14 commissioner at Summit County Public Health; is</p> <p>15 that correct?</p> <p>16 A. That's correct.</p> <p>17 Q. And prior to this you served as</p> <p>18 Summit County director of community health; is</p> <p>19 that correct?</p> <p>20 A. Yes.</p> <p>21 Q. And that was from 2010 to 2016, we</p> <p>22 established?</p> <p>23 A. Uh-huh.</p> <p>24 Q. And is that yes?</p> <p>25 A. Yes. Sorry.</p>

<p style="text-align: right;">Page 286</p> <p>1 Q. That's okay.</p> <p>2 And during this time period, you 3 began to gain knowledge that opioids were 4 beginning to impact Ohio, and Summit County 5 specifically; is that correct?</p> <p>6 MR. NAEEM: Object to form.</p> <p>7 A. Yes.</p> <p>8 Q. And you were shown some documents 9 during this time period that started giving you 10 knowledge about the opioid issues in Summit 11 County?</p> <p>12 A. Yes.</p> <p>13 Q. And as time go on -- has -- and as 14 time has gone on, do you believe that you've 15 learned more about the scope of the opioid 16 issues in Summit County?</p> <p>17 A. Yes. It was sort of an evolving 18 issue. So, you know, on any given day I might 19 be sitting at a different type of table where 20 discussions were being had. But I can't say 21 that it all came together at once, just based 22 on one conversation that I had.</p> <p>23 Q. Ms. Block, when -- at what point in 24 time do you believe that the opioid crisis rose 25 to a level that affected certain -- strike</p>	<p style="text-align: right;">Page 288</p> <p>1 alcohol.</p> <p>2 Q. And in 2014-2015, what did you 3 start seeing in Summit County that gave rise to 4 the public health issues surrounding opioids?</p> <p>5 A. Higher rates of -- higher rates of 6 overdoses; more information coming out of the 7 state; different types of task forces that were 8 being established; work that was being -- 9 continuing to be done; the State identifying 10 programs that needed to be implemented at the 11 local level, whether it was Project DAWN or 12 naloxone or the Opiate Task Force; people 13 started talking about medicated-assisted 14 treatment, which hadn't been talked about for 15 years and years, since methadone.</p> <p>16 You know, so there was a rise in a 17 lot of different things, and there were a lot 18 of conversations being had by a lot of 19 different systems.</p> <p>20 Q. And you say a lot of systems. Can 21 you explain what --</p> <p>22 A. Police.</p> <p>23 Q. -- you mean to me? Okay.</p> <p>24 A. Police, EMS, you know, hospital 25 systems, fire, children services board. Their</p>
<p style="text-align: right;">Page 287</p> <p>1 that.</p> <p>2 At what point in time do you 3 believe the opioid crisis came to a level 4 and for the Summit County Public Health to 5 acknowledge it as a public health crisis?</p> <p>6 MR. NAEEM: Object to the form of 7 the question.</p> <p>8 A. The point at which I was aware that 9 the health district needed to be more involved 10 was right around 2014-2015. We were getting 11 information from the State. We were getting 12 information from the ADM Board. We had had 13 conversations going back to 2011 with Jerry 14 Craig during the merger as to whether or not we 15 should -- as a health district who had not 16 historically had AOD services, should we 17 continue them? Was it a need in the community?</p> <p>18 And he made it very clear that 19 ongoing, every time we brought that subject up, 20 that the health district, as well as all of the 21 other behavioral health agencies, needed to 22 remain in business and to, if possible, expand 23 services because we -- there were issues 24 being -- there were issues affecting the 25 community around the opioid epidemic and</p>	<p style="text-align: right;">Page 289</p> <p>1 numbers were increasing exponentially.</p> <p>2 Yeah, all of the public systems.</p> <p>3 Juvenile court. They were all being impacted</p> <p>4 by -- well, they were all having discussions</p> <p>5 about the fact that their budgets were being</p> <p>6 impacted, their numbers were increasing. They</p> <p>7 were having to change the way they did</p> <p>8 business.</p> <p>9 Q. And that was around 2014-2015 when</p> <p>10 it started --</p> <p>11 A. Started to bubble up.</p> <p>12 Q. -- really impacting --</p> <p>13 And all the systems were talking at</p> <p>14 one time about that?</p> <p>15 A. (Witness nodding head.)</p> <p>16 Q. Is that the same time that the</p> <p>17 opioid task force started as well in Summit</p> <p>18 County?</p> <p>19 A. In '14 or -- late -- late '14, I</p> <p>20 believe. But it's the first time in my working</p> <p>21 in public health, it is the first time that I</p> <p>22 have experienced multiple systems having the</p> <p>23 same conversation.</p> <p>24 You know, historically, if we were</p> <p>25 talking about maternal-child health, the people</p>

<p style="text-align: right;">Page 290</p> <p>1 at the table were talking about birth spacing 2 and nutrition and breastfeeding and things of 3 that nature. And if I was, you know, meeting 4 with children services, they were talking about 5 getting more foster parents and, you know, what 6 sort of programs we can put in place for kids 7 who were transitioning out of the system. 8         But what we started seeing was all 9 sorts of systems having the same conversation. 10       Q. Is it fair to say you started 11 learning a little bit more about the 12 prescription opioids and how it was impacting 13 Summit County? 14       A. Well, that's -- 15       MR. NAEEM: Object to the form. 16       A. That was the topic of conversation. 17       Q. And can you tell the jury what your 18 role is, has been, within public health in 19 regards to the opioid crisis in Summit County? 20       A. Primarily my role, even as the 21 director, more specifically related to program 22 development. So -- excuse me -- as issues crop 23 up, as issues and funding becomes available and 24 we identify that the numbers are increasing in 25 any area, my primary responsibility is to take</p>	<p style="text-align: right;">Page 292</p> <p>1 about implementing, internally, who our 2 external partners need to be, what is 3 everyone's role going to be. So I'm not 4 necessarily going to be an expert in any given 5 thing. 6         I would do the same thing if it 7 were -- we were putting out a new fee schedule 8 for septic systems. You know, that's -- that's 9 what I do. I do internal operations. So I 10 don't know a lot of answers to a lot of the 11 specific questions. 12       Q. But when something is an important 13 public health matter, you're called on to 14 implement the things that need to be done to 15 take care of that? 16       A. Yes. 17       Q. And to at least address the issues 18 that the public is facing. 19       A. Yes. 20       MR. NAEEM: Object to form. 21       Q. And is it fair to say that the 22 opioid crisis has impacted the population as a 23 whole? 24       MR. NAEEM: Object to form. 25       A. Every segment of the population, I</p>
<p style="text-align: right;">Page 291</p> <p>1 a look at our internal capacity, take a look at 2 our funding, what the infrastructure is like, 3 what the staffing needs might be, what does the 4 evidence say about this or that type of 5 program, and how can we go about establishing a 6 program like that within our own system. And 7 so it's a lot of internal development, 8 operations, that sort of thing. Not 9 necessarily external. I'm -- I'm primarily an 10 internal staff person. 11       Q. Is it fair to say you're 12 operations-oriented? 13       A. I'm operations, and Donna is more 14 external. 15       Q. And when things rise to a level 16 that needs to be operational, you're able to 17 put that in place? 18       A. Yes. And it doesn't matter so 19 much -- you know, the opioid issue is a -- 20 is -- we've not seen anything like this, 21 historically. So we have had issues. Even 22 Ebola, we haven't experienced anything like 23 this. 24       So yeah, it -- that is my 25 responsibility, to take a look at how we go</p>	<p style="text-align: right;">Page 293</p> <p>1 would say, has been -- 2       Q. All -- across all socioeconomic 3 classes? 4       A. Yes. 5       Q. Ages? 6       A. Yes. 7       MR. NAEEM: Object to form. 8       Q. And races? 9       MR. NAEEM: Continuing objection. 10       A. Yes. 11       Q. And will you agree with me that 12 today Summit County still has an opioid crisis? 13       MR. NAEEM: Object to form. 14       A. Yes, I would. 15       Q. And as a public health official, 16 you're still implementing programs and 17 overseeing programs regarding the opioid 18 crisis? 19       A. Yes. 20       MR. NAEEM: Object to form. 21       Q. And I believe you testified earlier 22 today, hours ago, that just for the needle 23 exchange program you've had 80- -- over 8,000 24 people involved in that program just this year? 25       A. The number I got, I believe, was</p>

<p style="text-align: right;">Page 294</p> <p>1 81,000 needles -- syringes distributed for 2 2018.</p> <p>3 Q. And that's a result of a public 4 health crisis?</p> <p>5 A. Yes.</p> <p>6 MS. FRANKLIN: Object to the form.</p> <p>7 MS. KEARSE: Thank you.</p> <p>8 A. The other thing -- I'm sorry. Let 9 me just say that just because something is a 10 public health issue does not mean that the 11 public health department can tackle the entire 12 thing. I have to just say that.</p> <p>13 You know, anything that's affecting 14 large segments of the population is a public 15 health issue, but we can't do everything just 16 as one system. There have to be partners at 17 the local level. Everybody, all hands on deck, 18 when it's something like this, so.</p> <p>19 Q. And is that something that as -- 20 that Summit County has been doing with all the 21 various organizations and systematic approaches 22 throughout the county on addressing and 23 attempting to address the issue?</p> <p>24 A. I would say so. We've tried. 25 MS. KEARSE: Yeah.</p>	<p style="text-align: right;">Page 296</p> <p>1 THE WITNESS: Uh-huh. 2 MR. NAEEM: -- whether or not 3 documents have been destroyed, to be fair. 4 THE WITNESS: Uh-huh.</p> <p>5 Q. Now, you've testified in a couple 6 instances today about the Akron Health 7 Department and its merger --</p> <p>8 A. Uh-huh.</p> <p>9 Q. -- into Summit Public Health.</p> <p>10 A. Uh-huh, uh-huh.</p> <p>11 Q. You were a Summit Public Health 12 employee at the time that occurred, correct?</p> <p>13 A. Yes.</p> <p>14 Q. And as a member of operations, 15 which you've described your role is, were you 16 part of integrating Akron's health department, 17 specifically their AOD services, into Summit 18 Public Health?</p> <p>19 A. Yes.</p> <p>20 Q. Okay. What happened to the 21 documents of Akron health's -- Akron's health 22 department during that process?</p> <p>23 A. The -- the documents would have 24 been -- do you mean the historic patient 25 records?</p>
<p style="text-align: right;">Page 295</p> <p>1 MR. NAEEM: Okay. I have a couple 2 follow-up questions.</p> <p>3 - - - - -</p> <p>4 (Thereupon, Deposition Exhibit 12, 5 10/6/2010 E-Mail Chain Re: Summary 6 of the ODH/LHD Conference Call on 7 September 15, 2010, with 8 Attachments, SUMMIT_001712992 to 9 001712998, was marked for purposes 10 of identification.)</p> <p>11 - - - - -</p> <p>12 EXAMINATION OF TONYA BLOCK 13 BY MR. NAEEM:</p> <p>14 Q. On just a couple topics, Ms. Block, 15 quickly.</p> <p>16 You were asked by counsel about 17 destroying documents --</p> <p>18 A. Yes.</p> <p>19 Q. -- and whether you were aware of 20 it.</p> <p>21 MS. KEARSE: Of not destroying 22 documents.</p> <p>23 MR. NAEEM: And I'm sorry. I'm not 24 trying to characterize her answer. Just -- 25 just the topic was --</p>	<p style="text-align: right;">Page 297</p> <p>1 Q. Everything. Anything related to 2 Akron's health department --</p> <p>3 A. Anything that was in our --</p> <p>4 Q. -- what happened to the documents?</p> <p>5 A. Okay. So anything that was in 6 our -- on our retention schedule, which should 7 be everything, is either still there, or it has 8 gotten to the point where it has met the 7- or 9 10-year guideline for being destroyed.</p> <p>10 Q. Now, were you part of the process 11 of --</p> <p>12 A. I didn't go get the boxes.</p> <p>13 Q. Okay. And are you aware of who 14 did?</p> <p>15 A. Trying to think who was the 16 young --</p> <p>17 No, I'm not specifically aware 18 right now of who did.</p> <p>19 Q. Okay. Did -- did you ever see 20 Akron Health Department records in the form 21 where they were -- they had been Akron Health 22 Department records, and now they were somewhere 23 at Summit Public Health?</p> <p>24 MS. KEARSE: Object to form.</p> <p>25 I'm -- I'm just --</p>

<p style="text-align: right;">Page 298</p> <p>1        THE WITNESS: Can I --</p> <p>2        MS. KEARSE: -- I know that I asked</p> <p>3 you questions, but my questions were specific</p> <p>4 to the litigation hold. It was different from</p> <p>5 that, but -- but go ahead and ask your</p> <p>6 questions.</p> <p>7        MR. NAEEM: We're getting to</p> <p>8 destruction, which is an issue you raised.</p> <p>9        MS. KEARSE: No, no. It was a</p> <p>10 litigation hold issue with that, so it's --</p> <p>11 it's a different thing, but go ahead and ask</p> <p>12 your questions.</p> <p>13      A. I know where the records are</p> <p>14 currently held at, our records that are on the</p> <p>15 retention schedule are currently held.</p> <p>16      I didn't see the person pick the</p> <p>17 boxes up and put them in a truck and take them</p> <p>18 up to the Fairway Center, though. I can't say</p> <p>19 that I saw that happen.</p> <p>20      Q. Okay. And -- and I -- I'm not</p> <p>21 talking about Summit Public Health records</p> <p>22 generally.</p> <p>23      A. I'm sorry. Okay.</p> <p>24      Q. I am talking about the very narrow</p> <p>25 subset of documents that were created by Akron</p>	<p style="text-align: right;">Page 300</p> <p>1 did.</p> <p>2      Q. Well, I -- I -- Ms. Skoda testified</p> <p>3 that they never came.</p> <p>4      A. Okay. I --</p> <p>5      Q. So I need to know whether you</p> <p>6 personally have knowledge. If you -- I don't</p> <p>7 want you to assume, speculate --</p> <p>8      A. Personally, no.</p> <p>9      Q. -- whatever. Just --</p> <p>10     A. Personally, no.</p> <p>11     Q. Okay. I'm going to hand you what's</p> <p>12 been marked as Deposition Exhibit 12, and,</p> <p>13 hopefully just a few questions about that.</p> <p>14     And let me know when you've had an</p> <p>15 opportunity to familiarize yourself with</p> <p>16 Exhibit 12, please.</p> <p>17     A. Okay.</p> <p>18     Q. Just a background question. What</p> <p>19 is the general relationship between the Ohio</p> <p>20 Department of Health and local health districts</p> <p>21 like Summit Public Health?</p> <p>22     A. Well, they're our state umbrella or</p> <p>23 support organization. They're a public system.</p> <p>24 They do help us with establishing guidelines</p> <p>25 for how we go about doing any number of</p>
<p style="text-align: right;">Page 299</p> <p>1 Health Department --</p> <p>2      A. Uh-huh.</p> <p>3      Q. -- with respect to its AOD</p> <p>4 services --</p> <p>5      A. Uh-huh.</p> <p>6      Q. -- counseling, whatever it was, and</p> <p>7 what happened to them after the 2011 merger.</p> <p>8      Have you ever seen Akron Health</p> <p>9 Department records that were from the pre-2011</p> <p>10 time frame?</p> <p>11     A. I have not looked for them, so I</p> <p>12 haven't seen them. But I didn't look for them,</p> <p>13 either.</p> <p>14     Q. Okay.</p> <p>15     A. I didn't personally --</p> <p>16     Q. Okay. And --</p> <p>17     A. -- go look for them.</p> <p>18     Q. And can you confirm one way</p> <p>19 or another whether Sum- -- Summit Public Health</p> <p>20 ever took possession of those documents?</p> <p>21     A. I -- can I confirm in that did I</p> <p>22 see it happen?</p> <p>23     Q. Right. I -- I just want to know</p> <p>24 one way or another if you know.</p> <p>25     A. I am under the assumption that we</p>	<p style="text-align: right;">Page 301</p> <p>1 mandated services.</p> <p>2      They come in and they audit us</p> <p>3 for -- to make sure that we're doing things in</p> <p>4 the manner that we're supposed to. They</p> <p>5 provide funding for any number of various</p> <p>6 programs, and they keep us informed about</p> <p>7 looming issues, if you will. West Nile, you</p> <p>8 know, all sorts of different issues.</p> <p>9      Q. Prescription opioid abuse, is that</p> <p>10 an issue --</p> <p>11     A. Yes.</p> <p>12     Q. -- they would be keeping you</p> <p>13 informed of?</p> <p>14     A. Yes.</p> <p>15     Q. Is it fair to say that local health</p> <p>16 departments like Summit Public Health work</p> <p>17 collaboratively with the Ohio Department of</p> <p>18 Health to address public health issues --</p> <p>19 emerging public health issues in the state of</p> <p>20 Ohio?</p> <p>21     A. Yes.</p> <p>22     Q. Okay. Have you yourself</p> <p>23 participated in teleconferences with Ohio</p> <p>24 Department of Health providing updates on</p> <p>25 public health issues?</p>

<p style="text-align: right;">Page 302</p> <p>1 A. I have sat in on, yes, routinely.</p> <p>2 Q. So Exhibit 12, you'll see, is --</p> <p>3 the original e-mail in the string is from Tomma</p> <p>4 Flint, from the office of local health</p> <p>5 department's court at the Ohio Department of</p> <p>6 Health. Do you see that?</p> <p>7 A. Yes.</p> <p>8 Q. And her e-mail is dated October 6,</p> <p>9 2010 --</p> <p>10 A. Yes.</p> <p>11 Q. -- agree?</p> <p>12 A. Yes.</p> <p>13 Q. The top of the e-mail string</p> <p>14 indicates that this e-mail was then forwarded</p> <p>15 throughout the Summit Public Health department.</p> <p>16 Would you agree?</p> <p>17 A. Yes. Well, it was sent from the</p> <p>18 State to all of these people.</p> <p>19 Q. And it included Gene Nixon, if you</p> <p>20 see?</p> <p>21 A. Yes.</p> <p>22 Q. Who is the current --</p> <p>23 A. Health commissioner. He -- he --</p> <p>24 he was the health commissioner at the time.</p> <p>25 Q. At the time, correct.</p>	<p style="text-align: right;">Page 304</p> <p>1 see that? At the top of the page?</p> <p>2 A. Yeah. I don't see the word</p> <p>3 "report," if it --</p> <p>4 Q. Well, fair. Let- -- let's turn</p> <p>5 back to page 1, and you'll see the subject</p> <p>6 line --</p> <p>7 A. Oh, okay.</p> <p>8 Q. -- is --</p> <p>9 A. I'm sorry. I thought -- okay.</p> <p>10 Q. Just to make sure that this is the</p> <p>11 attachment to this e-mail, the e-mail says,</p> <p>12 "Subject: Summary of the ODH/LHD conference</p> <p>13 call on September 15, 2010," correct?</p> <p>14 A. It does.</p> <p>15 Q. And that is essentially what</p> <p>16 appears to be at the top of page 2.</p> <p>17 A. Uh-huh.</p> <p>18 Q. "Weekly conference call agenda for</p> <p>19 September 15, 2010," correct?</p> <p>20 A. Yes.</p> <p>21 Q. All right. So now if we turn back</p> <p>22 to 2996.</p> <p>23 A. Yes.</p> <p>24 Q. The -- the heading that starts at</p> <p>25 the bottom of that page says, "Official kickoff</p>
<p style="text-align: right;">Page 303</p> <p>1 And Donna Skoda was included as</p> <p>2 well?</p> <p>3 A. Yes.</p> <p>4 Q. Okay. And she is the current</p> <p>5 health commissioner?</p> <p>6 A. Correct.</p> <p>7 Q. All right. Do you see your name on</p> <p>8 there?</p> <p>9 A. Yes.</p> <p>10 Q. And we don't have to go through all</p> <p>11 of these people or what their functions are,</p> <p>12 but I -- I counted 16 people, 16 recipients in</p> <p>13 the Summit Public Health department.</p> <p>14 A. Yes.</p> <p>15 Q. If we turn to -- there are some</p> <p>16 numbers at the very, very bottom right-hand</p> <p>17 corners, 1712996. Can you turn to that page?</p> <p>18 A. Uh-huh.</p> <p>19 Q. Okay. Well, actually, I take</p> <p>20 that -- let's -- let's -- before we get</p> <p>21 there -- I apologize -- let's turn to page 2 of</p> <p>22 the document. It's a --</p> <p>23 A. Uh-huh.</p> <p>24 Q. It's a report of a weekly</p> <p>25 conference call for September 15, 2010. Do you</p>	<p style="text-align: right;">Page 305</p> <p>1 of the prescription for prevention, stop the</p> <p>2 epidemic campaign launch, 9/21/10." Yes?</p> <p>3 A. It does.</p> <p>4 Q. All right. And if we turn the page</p> <p>5 and we look at the second paragraph, it says,</p> <p>6 "In response to the epidemic, the ODH injury</p> <p>7 prevention program has been working with</p> <p>8 FleishmanHillard, a SM company, on the</p> <p>9 development of a comprehensive social marketing</p> <p>10 campaign to raise awareness of the problem."</p> <p>11 Do you see that?</p> <p>12 A. I do.</p> <p>13 Q. So, certainly, by reporting this in</p> <p>14 a summary dated September 15, 2010, the ODH</p> <p>15 injury prevention program had been working</p> <p>16 prior to this to respond to a prescription</p> <p>17 opioid epidemic; would you agree?</p> <p>18 A. Yes.</p> <p>19 Q. And this summary was provided to</p> <p>20 Summit Public Health in September of 2010,</p> <p>21 agree?</p> <p>22 A. Yes.</p> <p>23 Q. Including yourself and the former</p> <p>24 head of Summit Public Health and the current</p> <p>25 head of Summit Public Health.</p>

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<p>1 A. Yes.</p> <p>2 Q. At the bottom, under the -- No. 2, 3 under "Other related activities" on that page, 4 do you see that?</p> <p>5 A. Yes.</p> <p>6 Q. "Ohio Prescription Drug Abuse Task 7 Force," do you know what that is?</p> <p>8 A. Yes.</p> <p>9 Q. And would you give me a --</p> <p>10 A. I cannot.</p> <p>11 Q. Okay. Well, let's -- let's read 12 what it says. And I'm going to read from the 13 bottom of that page up to the top of the next. 14 It says, "The Ohio Prescription Drug Abuse Task 15 Force, of which Dr. Alvin Jackson is the vice 16 chair, is close to wrapping up its 17 comprehensive report with recommendations for 18 addressing the problem from the perspective of 19 public health, treatment, law enforcement, in 20 addition to regulatory recommendations to the 21 problem. The report is due to the governor on 22 10/1/10."</p> <p>23 Did I read that correctly?</p> <p>24 A. That's what it says.</p> <p>25 Q. Okay. So clearly, this is</p>	<p>1 it's 5:18 is my understanding.</p> <p>2 MR. BORANIAN: Beg your pardon?</p> <p>3 MS. DEYNEKA: So we started at 4 4:52, we switched over at 5:05, so 13 minutes.</p> <p>5 MR. BORANIAN: So what time --</p> <p>6 THE VIDEOGRAPHER: Let's go off the 7 record. We're off the record at 5:17.</p> <p>8 (Off-the-record discussion.)</p> <p>9 THE VIDEOGRAPHER: We're back on 10 the record, 5:19.</p> <p>11 MS. KEARSE: I just don't want 12 there to be any back and forth. I think this 13 is going back and forth. I'm usually not a 14 stickler with that, but we got --</p> <p>15 MR. BORANIAN: Trust me, it 16 wouldn't have been any back and forth.</p> <p>17 MS. KEARSE: Okay. All right.</p> <p>18 MR. BORANIAN: But we'll remember 19 your position.</p> <p>20 MS. KEARSE: Okay. We've had it 21 with us, too.</p> <p>22 MR. BORANIAN: Trust me on that, 23 too.</p> <p>24 MS. KEARSE: That's -- so.</p> <p>25 Yeah, so I think -- I believe the</p>
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<p>1 something that was ongoing prior to the date of 2 this summary.</p> <p>3 A. At this date, yes.</p> <p>4 Q. And, again, this summary was 5 something that was provided to you and other 6 members of the Summit Public Health department?</p> <p>7 A. It came out to us. You -- yes.</p> <p>8 MS. KEARSE: You can answer if --</p> <p>9 THE WITNESS: No, no, it's fine.</p> <p>10 Q. Did you ever see a copy of that 11 report that was issued by the prescription drug 12 abuse task force?</p> <p>13 A. I don't believe I did. I don't 14 recall seeing it.</p> <p>15 Q. Do you have any reason to dispute 16 that that was issued in 2010?</p> <p>17 MS. KEARSE: Objection.</p> <p>18 A. No.</p> <p>19 MR. NAEEM: Okay. I don't have 20 questions, although somebody else might.</p> <p>21 MS. KEARSE: There's only one 22 minute left, so.</p> <p>23 MR. BORANIAN: No. We get 24 minute-for-minute recross.</p> <p>25 MS. KEARSE: Yeah, but they get --</p>	<p>1 deposition is closed.</p> <p>2 THE VIDEOGRAPHER: Thank you.</p> <p>3 We're off the record at 5:19.</p> <p>4 (Deposition concluded at 5:19 p.m.)</p> <p>5 ~~~~~</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

<p style="text-align: right;">Page 310</p> <p>1 Whereupon, counsel was requested to give 2 instructions regarding the witness's review of 3 the transcript pursuant to the Civil Rules. 4</p> <p>5               SIGNATURE: 6 Transcript review was requested pursuant to the 7 applicable Rules of Civil Procedure. 8</p> <p>9               TRANSCRIPT DELIVERY: 10 Counsel was requested to give instructions 11 regarding delivery date of transcript. 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 312</p> <p>1               I do further certify that I am not 2 a relative, counsel or attorney for either 3 party, or otherwise interested in the event of 4 this action.</p> <p>5               IN WITNESS WHEREOF, I have hereunto 6 set my hand and affixed my seal of office at 7 Cleveland, Ohio, on this 19th day of 8 November, 2018. 9</p> <p>10 11 12                13 14               Stephen J. DeBacco, Notary Public 15               within and for the State of Ohio 16 17 My commission expires September 30, 2022. 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 311</p> <p>1               REPORTER'S CERTIFICATE 2 The State of Ohio, ) 3               SS: 4 County of Cuyahoga. ) 5</p> <p>6               I, Stephen J. DeBacco, a Notary 7 Public within and for the State of Ohio, duly 8 commissioned and qualified, do hereby certify 9 that the within named witness, TONYA BLOCK, was 10 by me first duly sworn to testify the truth, 11 the whole truth and nothing but the truth in 12 the cause aforesaid; that the testimony then 13 given by the above-referenced witness was by me 14 reduced to stenotypy in the presence of said 15 witness; afterwards transcribed, and that the 16 foregoing is a true and correct transcription 17 of the testimony so given by the 18 above-referenced witness. 19               I do further certify that this 20 deposition was taken at the time and place in 21 the foregoing caption specified and was 22 completed without adjournment. 23 24 25</p>	<p style="text-align: right;">Page 313</p> <p>1               Veritext Legal Solutions 2               1100 Superior Ave 3               Suite 1820 4               Cleveland, Ohio 44114 5               Phone: 216-523-1313 6               November 19, 2018 7               To: Anne Kearse 8               Case Name: In Re: National Prescription Opiate Litigation v 9               Veritext Reference Number: 3111418 10              Witness: Tonya Block     Deposition Date: 11/14/2018 11              Dear Sir/Madam: 12              Enclosed please find a deposition transcript. Please have the witness 13              review the transcript and note any changes or corrections on the 14              included errata sheet, indicating the page, line number, change, and 15              the reason for the change. Have the witness' signature notarized and 16              forward the completed page(s) back to us at the Production address 17              shown 18              If the errata is not returned within thirty days of your receipt of 19              this letter, the reading and signing will be deemed waived. 20              Sincerely, 21              Production Department 22 23 24              NO NOTARY REQUIRED IN CA</p>

<p style="text-align: right;">Page 314</p> <p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2 ASSIGNMENT REFERENCE NO: 3111418</p> <p>3 CASE NAME: In Re: National Prescription Opiate Litigation v DATE OF DEPOSITION: 11/14/2018</p> <p>4 WITNESS' NAME: Tonya Block</p> <p>5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me 7 I have made no changes to the testimony as transcribed by the court reporter</p> <p>8</p> <p>9 Date <u>                        </u> Tonya Block</p> <p>10 Sworn to and subscribed before me, a Notary Public in and for the State and County, 11 the referenced witness did personally appear and acknowledge that:</p> <p>12 They have read the transcript; 13 They signed the foregoing Sworn Statement; and 14 Their execution of this Statement is of their free act and deed</p> <p>15 I have affixed my name and official seal</p> <p>16 this <u>       </u> day of <u>       </u>, 20<u>      </u></p> <p>17</p> <p>18 Notary Public</p> <p>19 Commission Expiration Date</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 316</p> <p>1 ERRATA SHEET VERITEXT LEGAL SOLUTIONS MIDWEST</p> <p>2 ASSIGNMENT NO: 11/14/2018</p> <p>3 PAGE/LINE(S) / CHANGE /REASON</p> <p>4 _____</p> <p>5 _____</p> <p>6 _____</p> <p>7 _____</p> <p>8 _____</p> <p>9 _____</p> <p>10 _____</p> <p>11 _____</p> <p>12 _____</p> <p>13 _____</p> <p>14 _____</p> <p>15 _____</p> <p>16 _____</p> <p>17 _____</p> <p>18 _____</p> <p>19 _____</p> <p>20 Date <u>                        </u> Tonya Block</p> <p>21 SUBSCRIBED AND SWORN TO BEFORE ME THIS <u>       </u></p> <p>22 DAY OF <u>       </u>, 20<u>      </u>.</p> <p>23 _____</p> <p>24 Notary Public</p> <p>25 Commission Expiration Date</p>
<p style="text-align: right;">Page 315</p> <p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2 ASSIGNMENT REFERENCE NO: 3111418</p> <p>3 CASE NAME: In Re: National Prescription Opiate Litigation v DATE OF DEPOSITION: 11/14/2018</p> <p>4 WITNESS' NAME: Tonya Block</p> <p>5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of 6 my testimony or it has been read to me 7 I have listed my changes on the attached Errata Sheet, listing page and line numbers as 8 well as the reason(s) for the change(s) 9 I request that these changes be entered as part of the record of my testimony</p> <p>10 I have executed the Errata Sheet, as well 11 as this Certificate, and request and authorize that both be appended to the transcript of my 12 testimony and be incorporated therein</p> <p>13 _____</p> <p>14 Date <u>                        </u> Tonya Block</p> <p>15 Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear 16 and acknowledge that:</p> <p>17 They have read the transcript; They have listed all of their corrections 18 in the appended Errata Sheet; They signed the foregoing Sworn 19 Statement; and Their execution of this Statement is of 20 their free act and deed</p> <p>21 I have affixed my name and official seal</p> <p>22 this <u>       </u> day of <u>       </u>, 20<u>      </u></p> <p>23 _____</p> <p>24 Notary Public</p> <p>25 Commission Expiration Date</p>	

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**zach** 11:21  
**zachary** 2:12  
**zachary.adams**  
2:15

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES

ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

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